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INSTITUTE OF SOCIAL
MEDICINE

10, PARKS ROAD,
OXFORD

ANNUAL REPORT

ON THE

HEALTH

OF THE

CITY OF SHEFFIELD

For the year 1950.

LLYWELYN ROBERTS, M.D., M.R.C.P., D.P.H.
Medical Officer of Health.

INSTITUTE OF SOCIAL
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CITY OF SHEFFIELD

HEALTH COMMITTEE

as at 31st December, 1950.

The Lord Mayor :
(Alderman H. Keeble Hawson)
Chairman : Alderman W. E. Yorke, c.b.e., j.p.
Deputy-Chairman : Councillor J. S. Worrall.

Alderman E. S. Graham, ll.d., j.p.
,, L. F. Milner, o.b.e., j.p.
,, Mrs. G. Tebbutt, j.p.
Councillor G. Armitage.
,, W. Dawson, j.p.
,, R. Fisher.
,, H. S. Gent.
,, Mrs. L. E. Graham.
,, Mrs. A. Ives, j.p.
,, H. Lambert.

Councillor J. W. Mate.
,, W. Morrison.
,, J. Pate.
,, Mrs. F. Roebuck, j.p.
,, E. Scott.
,, J. Shaw.
,, Mrs. P. Sheard, b.a.
,, H. Slack.
,, M. H. Taylor.

SUB-COMMITTEES.

General Sub-Committee.

Chairman : Alderman W. E. Yorke.

Alderman E. S. Graham.
Councillor W. Dawson.
,, H. S. Gent.
,, Mrs. A. Ives.
,, H. Lambert.
,, J. W. Mate.

Councillor W. Morrison.
,, Mrs. F. Roebuck.
,, Mrs. P. Sheard.
,, M. H. Taylor.
,, J. S. Worrall.

Maternal, Infant and Nursing Welfare Sub-Committee.

Chairman : Councillor Mrs. A. Ives.

Alderman Mrs. G. Tebbutt.
Councillor W. Dawson.
,, H. S. Gent.
,, Mrs. L. E. Graham.
,, J. W. Mate.

Councillor W. Morrison.
,, Mrs. F. Roebuck.
,, J. Shaw.
,, Mrs. P. Sheard.

Mental Health Sub-Committee.

Chairman : Councillor J. Shaw.

Councillor G. Armitage.
,, W. Dawson.
,, H. S. Gent.
,, Mrs. A. Ives.

Councillor H. Lambert.
,, J. W. Mate.
,, W. Morrison.

Disabled Persons Welfare Sub-Committee.

Chairman : Councillor E. Scott.

Alderman E. S. Graham.
,, Mrs. G. Tebbutt.
Councillor W. Dawson.
,, Mrs. L. E. Graham.
,, J. Pate.

Councillor Mrs. F. Roebuck.
,, J. Shaw.
,, H. Slack.
,, M. H. Taylor.
,, J. S. Worrall.

Special, Staffing, etc., Sub-Committee.

Chairman : Alderman W. E. Yorke.

Alderman Mrs. G. Tebbutt.
Councillor H. S. Gent.
,, Mrs. L. E. Graham.

Councillor Mrs. A. Ives.
,, H. Slack.
,, J. S. Worrall.

REPRESENTATIVES ON OTHER COMMITTEES, Etc.

Joint Committee—Blind Department and Royal Sheffield Institution.

Councillor Mrs. F. Roebuck.
,, E. Scott.
Councillor J. S. Worrall.

General Council of the North Regional Association for the Blind.

Councillor E. Scott.
Councillor H. Slack.

General Council of the North Regional Association for the Deaf.

Councillor Mrs. L. E. Graham.
Councillor E. Scott.

North Eastern Federation of Members of the Queen's Institute of District Nursing.

Alderman Mrs. G. Tebbutt.
Councillor Mrs. L. E. Graham.
Councillor J. S. Worrall.

Intake, Gleadless and Hollinsend Nursing Association.

Councillor J. Shaw.
Councillor J. S. Worrall.

Tinsley and District Nursing Association.

Councillor Mrs. L. E. Graham.
Councillor J. W. Mate.

Placement Committee of the Sheffield Association in Aid of the Adult Deaf and Dumb.

Councillor E. Scott.

Sheffield and District Convalescent and Hospital Services Council (Inc.).

Councillor Mrs. L. E. Graham.
,, Mrs. A. Ives.
Councillor H. Lambert.

Sheffield Standing Committee on Juvenile Delinquency.

Councillor J. Shaw.

Sheffield Voluntary Association for Mental Health.

Councillor J. Shaw.

PUBLIC HEALTH STAFF.

AT 1st APRIL, 1951.

MEDICAL STAFF.

Medical Officer of Health :
LLYWELYN ROBERTS, M.D., M.R.C.P., D.P.H.

Deputy Medical Officer of Health :
WILLIAM FIELDING, M.D., B.SC., D.P.H.

Maternity and Child Welfare—

Senior Assistant M. and C. W. Medical Officer	ANN KIRK BLACK, M.B., Ch.B.
Assistant M. and C. W. Medical Officers -	CATHERINE H. WRIGHT, M.B., Ch.B., D.P.H. MAIRIDH A. M. N. GILLATT, M.B., Ch.B., D.P.H., D.R.C.O.G.
(*Part-time*)	J. BLYTH, M.D. (Edin.). R. D. DOWNIE, M.B., Ch.B. BARBARA S. GORDON, M.B., Ch.B. PAMELA LAWS, M.R.C.S., L.R.C.P. HAIDRI L. HALL, M.B., Ch.B. MARJORIE H. E. FLOWERDAY, M.B., Ch.B. JANET E. MacGREGOR, B.Sc., M.B., Ch.B. MONICA HELEN SMITH, M.B., Ch.B., D.R.C.O.G. ELVIRA TINKER, M.B., Ch.B., D.P.H. JOSEPHINE STONER, M.B., Ch.B. RAY GRAHAM, B.A., M.B., B.Ch., B.A.O., L.M. SHELAGH TYRRELL, M.B., Ch.B. JEAN CLEGHORN, M.B., Ch.B., D.R.C.O.G.,
*Consultant Obstetrician - - - -	W. J. CLANCY, M.B., B.Ch., B.A.O., M.R.C.O.G.
*Orthopædic Specialist - - - -	C. LEE PATTISON, M.B., B.S., M.R.C.S., L.R.C.P.

Mental Health Service—

*Consultant - - - - - - -	F. J. S. ESHER, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.M., F.B.Ps.S.
Consultant (*Visiting*) - - - -	A. E. NAISH, M.A., M.D. (Camb.), F.R.C.P. (Lond.)

Prevention of Illness, Care and After-Care—

**Consultant* (*Tuberculosis*) - - - -	H. MIDGLEY TURNER, M.D., M.R.C.P., D.P.H.

*Undertakes part-time duties in this Service in a consultant capacity.

City Analyst - - - - - -	H. CHILDS, B.Sc., F.R.I.C.
Senior Dental Surgeon - - - -	J. WALTER SHAW, H.D.D., L.D.S.R.C.S. (Edin.).

OTHER STAFF.

General Administration—

Chief Administrative Assistant	W. MORRIS
Senior Administrative Assistant	S. F. BURGIN
Senior Accountancy Assistant	E. WALSHAW
Senior Statistical Assistant	F. GARFITT
Senior Staff Assistant	L. DARLEY
Statistical Assistant	J. PREECE
Correspondence Clerk and M.O.H.'s Secretary	MISS H. A. CUTTS

4 Senior and 11 Clerical and other Assistants.

Sanitary Administration—

Senior Administrative Assistant	R. P. HARPHAM
Senior Clerical Assistant	J. R. BINGHAM

3 Senior and 6 other Clerical Assistants.

General Sanitary Inspection—

Superintendent Sanitary Inspectors	H. LOMAS	W. CURTIS
	C. F. CHALLENGER	H. B. WARD
	F. T. TWELVES	
Assistant Superintendent Sanitary Inspectors	F. M. COCKCROFT	J. D. BELL
	G. ROBINSON	(VACANCY)
	(VACANCY)	

23 District Sanitary Inspectors.

Disinfection, Disinfestation, Transport of Stores, etc.—

Superintendent	J. SISSONS

Assistant Superintendent and 23 General Assistants.

Food Inspection—

Superintendent Food and Drugs Inspector	G. A. KNOWLES
Assistant Superintendent Food and Drugs Inspector.	R. MOORE

3 Food and Drugs Inspectors.

Meat Inspection—

Superintendent Meat Inspector - - - - - - - - G. WHITELEY

Assistant Superintendent Meat Inspector - - - - - - C. F. DEAN

3 Meat Detention Officers, 1 Clerical Assistant and 1 General Assistant (part-time).

Smoke Inspection—

Superintendent Smoke Inspector - - - - - - - - J. LAW

Assistant Superintendent Smoke Inspector - - - - - - H. STENTON

3 Smoke Inspectors.

Rodent Control—

Rodent Officer - - - - - - - - - - - - M. BEEVOR

8 Rodent Operatives.

Maternity and Child Welfare (Care of Mothers and Young Children)—

Health Visiting—

Midwifery—

Chief Administrative Assistant - - - - - - - - Miss E. A. MARTIN

Chief Clerk - - - - - - - - - - - - Miss D. LEIGHTON

1 Senior and 33 other Clerical Assistants ; 19 General Staff.

Superintendent Health Visitor - - - - - - - - Miss E. LIDDLE

Assistant Superintendent Health Visitor - - - - - - Miss I. LITTLEWOOD

Superintendents of Infant Welfare Centres - Miss C. RANDALL Miss D. A. COOLING

32 Health Visitors, 3 Clinic Nurses and 10 Clinic Attendants.

Non-Medical Supervisor of Midwives - - - - - - - Miss M. J. YATES.

Assistant Non-Medical Supervisor of Midwives - - - - - - (VACANCY)

44 Midwives directly employed by City Council.

2 Midwives employed under arrangements with the Jessop Hospital for Women.

3 District Nurse Midwives.

Nurseries—

Supervisory Matron - - - - - - - - - - Mrs. G. M. HAWLEY

Matrons of Nurseries :

Abbeyfield Park -	Mrs. E. NOBLE	Firth Park - -	Mrs. E. A. PETTHRICK
Attercliffe - -	Miss M. W. HIGGINS	Hillsborough - -	Mrs. J. LEACH
Beet Street - -	Miss J. M. RILEY	Langsett Road - -	Mrs. E. D. BROWN
Broadfield Road -	Miss D. BAGULEY	Meersbrook Park -	Mrs. E. A. FEARN
Carbrook - - -	Mrs. A. BARTON	Moore Street - -	Mrs. E. NEWSTEAD
Cradock Road - -	Mrs. J. ROBERTS	Parson Cross - -	Mrs. V. C. M. JAMES
Cricket Inn Road -	Miss M. M. STYRING	Prince of Wales Road	Mrs. B. BAGSHAW
Darnall - - -	Mrs. M. S. SHIELDS	Royal Infirmary -	Mrs. M. E. OLLERENSHAW
	Swinton Street - -	Mrs. R. M. HERBERT	

139 Staff Nurses, Staff Nursery Nurses, Enrolled Assistant Nurses, Nursery Assistants and Nursery Students. 55 Domestic Staff. 2 Wardens (part-time).

Domestic Help Service—

1 Senior and 1 Junior Clerical Assistant. 28 whole-time and 55 part-time Domestic Helps.

Home Nursing—

Senior Administrative Assistant - - - - - - - - F. McWATT

2 Clerical Assistants.

Johnson Memorial Home (and associated Homes)—

Superintendent - - - - - - - - - - - Miss M. A. REEVES

Assistant Superintendents - - - - - Miss E. JOHNSON (VACANCY)

15 District Nurses, 20 District Nurses (part-time), 1 Student District Nurse, 5 Enrolled Assistant Nurses (part-time), 5 Domestic and other Staff, 3 Domestic and other Staff (part-time).

Princess Mary Home—

Superintendent - - - - - - - - - - - - Miss M. H. JACKSON

Assistant Superintendent - - - - - - - - - Miss M. TATE

5 District Nurses, 13 District Nurses (part-time), 1 Student District Nurse, 2 Domestic and other staff, 2 Domestic and other Staff (part-time).

Vaccination and Immunisation—

Officer in Charge - - - - - - - - - - - A. MOBLEY

2 Clerical Assistants.

Ambulance Services—

Ambulance Officer - - - - - - - - - - - E. H. MEDLEY

Chief Clerk - - - - - - - - - - - - F. C. KELSEY

9 Clerical Assistants, 5 Shift Leaders, 41 Drivers, 20 Attendants, 6 Garage Staff, 1 Domestic and other Staff.

Prevention of Illness, Care and After-Care—

Part-time of Home Nursing Administrative Staff.

Mental Health Service—

Chief Clerk - - - - - - - - - - - - G. E. B. WHILLOCK

Psychiatric Social Worker - - - - - - - - - Miss E. V. JONES.

3 Clerical Assistants, 3 Duly Authorised Officers, 4 Assistant Duly Authorised Officers, 1 Mental Health Visitor.

Occupation Centre—

Superintendent - - - - - - - - - - - - V. H. BAKER

1 Charge Nurse, 4 Nursing and 2 Domestic and other Staff.

Welfare of the Blind Service—

Superintendent - - - - - - - - - - - - A. J. BAKER

Head Clerk - - - - - - - - - - - - - Miss E. E. CLARK

9 Clerical Assistants, 6 Home Teachers, 105 Workshops (including Saleshop) Staff (including 85 blind persons), 4 other Staff, 6 other Staff (part-time).

GENERAL STATISTICS

AREA (at 31st December, 1950)	(acres) 39,598
POPULATION—Census 1931	511,757
Estimate of Registrar General—Home population year 1950	515,000
APPROXIMATE NUMBER OF HOUSES (at 31st December, 1950)	152,629
RATEABLE VALUE (1st October, 1950)	£3,368,325
SUM REPRESENTED BY A PENNY RATE (Year 1950-51)	£13,365

EXTRACTS FROM VITAL STATISTICS OF THE YEAR 1950.

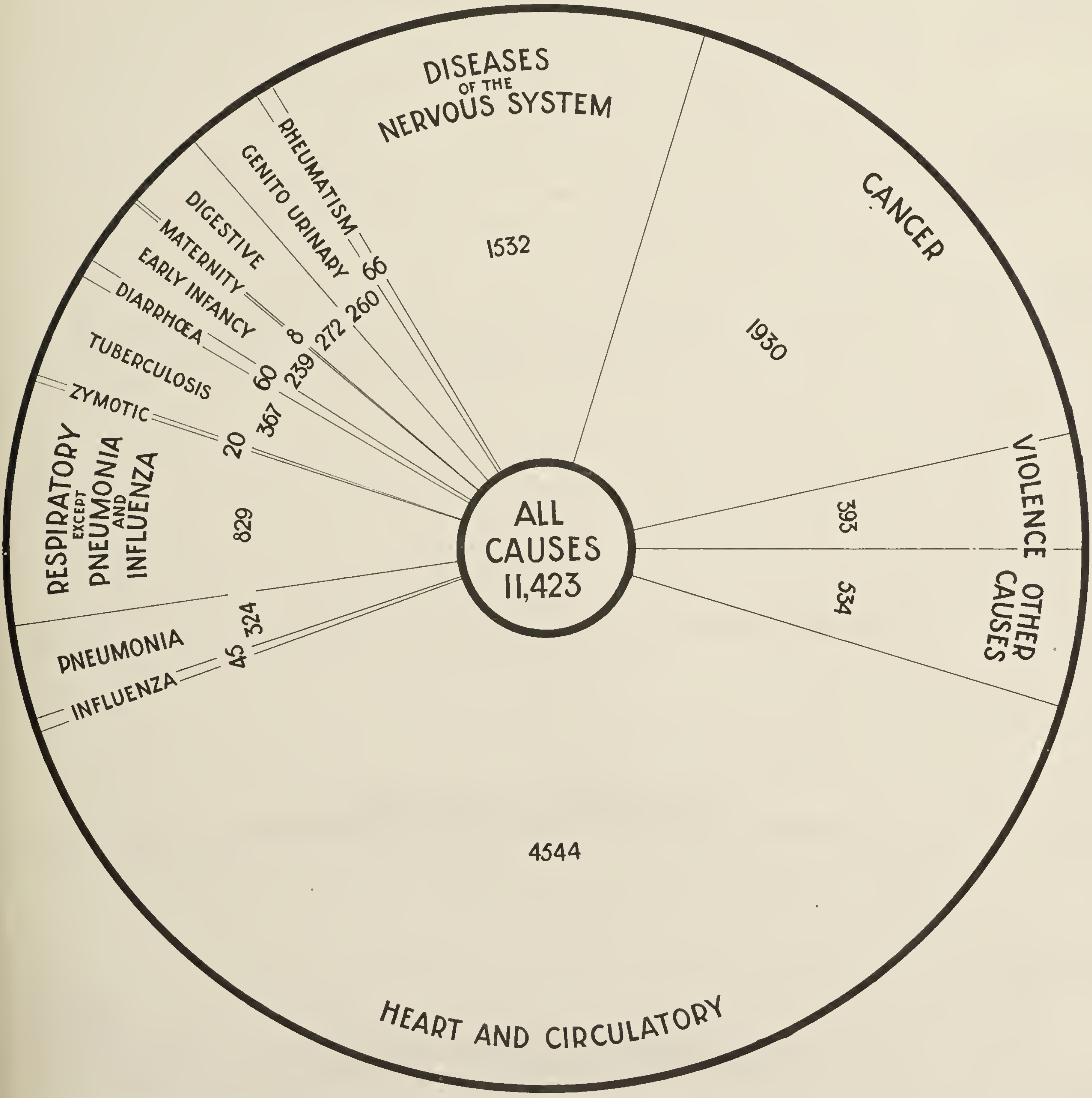
	Total.	Males.	Females.		
LIVE BIRTHS—					
Legitimate	7,094	3,691	3,403	Birth Rate *per* 1,000 *of population*	14·3
Illegitimate	276	145	131		
Totals	7,370	3,836	3,534		
STILLBIRTHS	158	86	72	Rate *per* 1,000 *total (live and still) births*	21
DEATHS (All Causes)	5,883	3,233	2,650	Death Rate *per* 1,000 *of population*	11·4

DEATHS OF INFANTS UNDER ONE YEAR OF AGE—				
All Infants	Deaths	205	Rate *per* 1,000 *live births*	28
Legitimate Infants	Deaths	193	Rate *per* 1,000 *legitimate live births*	27
Illegitimate Infants	Deaths	12	Rate *per* 1,000 *illegitimate live births*	43
DEATHS FROM CERTAIN CAUSES—				
Puerperal Sepsis	Deaths	Nil	Rate *per* 1,000 *total (live and still) births*	Nil
Other Maternal Mortality	Deaths	4		0·53
Total Maternal Mortality	Deaths	4		0·53
Tuberculosis of Respiratory System	Deaths	161	Rate *per* 1,000 *of population*	0·31
Other forms of Tuberculosis	Deaths	28		0·05
Cancer	Deaths	994	Rate *per* 1,000 *of population*	1·93

CITY OF SHEFFIELD

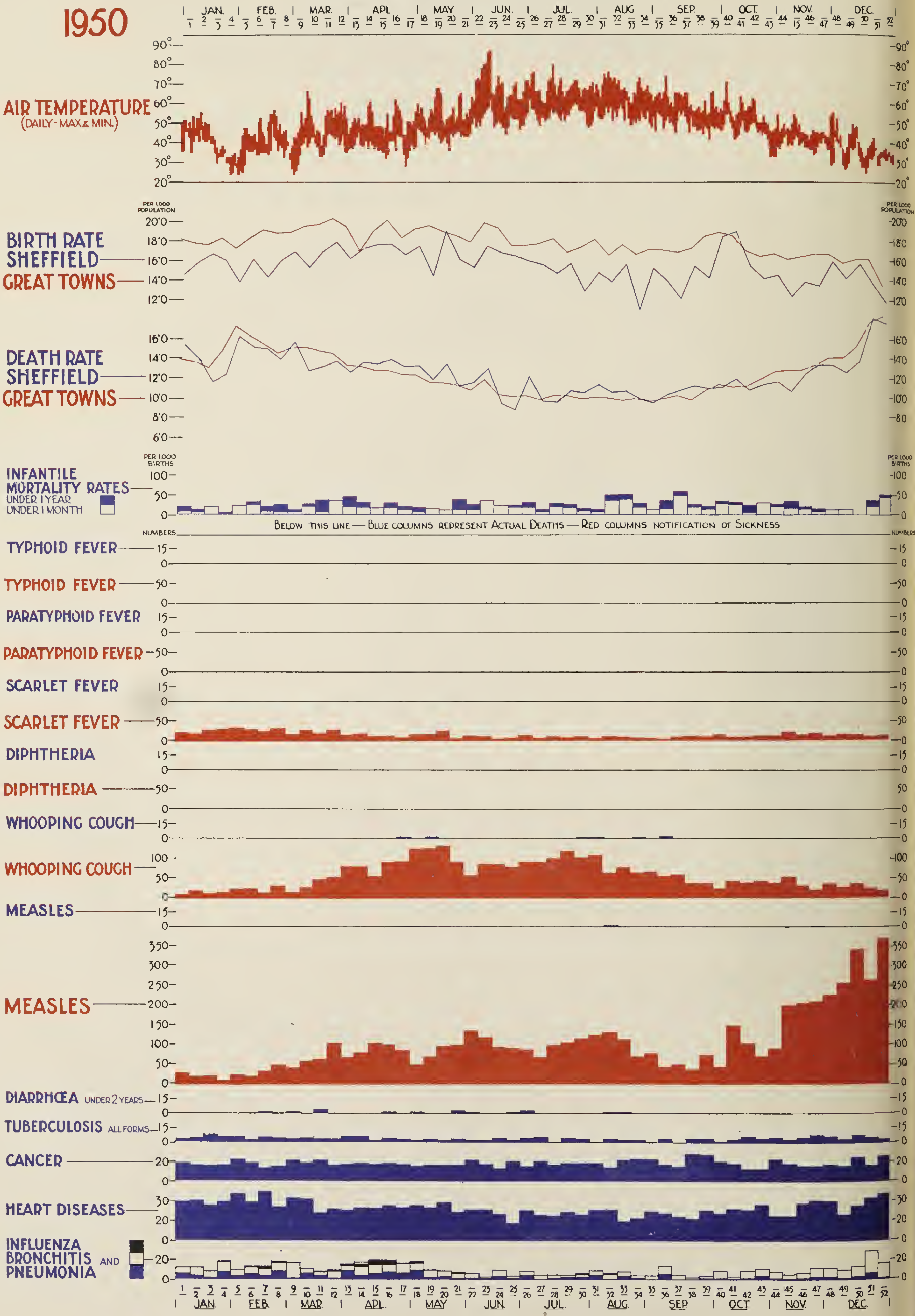
DEATH RATES PER MILLION OF THE POPULATION

YEAR-1950



CITY OF SHEFFIELD

VITAL AND MORTAL STATISTICS



CITY OF SHEFFIELD

Public Health Department,
Town Hall.
October, 1951.

To the Chairman and Members of the Health Committee.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit the Annual Report on the Health of the City of Sheffield for the year 1950.

The birth rate of the City fell for the third successive year in 1950, as it did in the country generally, the Sheffield rate being 14·3 per 1,000 as against an England and Wales rate of 15·8. Apart from the year 1933, when the birth rate was 14·0 per 1,000, this was the lowest rate ever recorded in the City. The general death rate was 11·3 per 1,000 which is appreciably lower than in 1949 and is also lower than the England and Wales death rate of 11·6 per 1,000.

It is most gratifying to be able to state that the 1950 Infant Mortality rate was the lowest which has yet been recorded in the City. It was 28 per 1,000 births, as compared with an England and Wales rate of 30 per 1,000. This, when we contemplate the very high infant mortality rate at the beginning of the present century—in 1901, it was actually 202 per 1,000 births—demonstrates how great is the progress which has been made in the preservation of the infant life not only in the City but throughout the country. Deaths of infants in the first four weeks of life gave a neo-natal mortality rate of 19 per 1,000 births, as against a rate of 23 per 1,000 in 1949.

The 1950 maternal mortality rate was next to the lowest which there has ever been in the City. There were four maternal deaths during the year, giving a rate of 0·53 per 1,000 total (live and still) births. This compares with an England and Wales rate of 0·72 per 1,000.

Sickness incidence and mortality amongst the notifiable diseases remained, with a few exceptions, relatively low in 1950. During the twelve months, for the first year since 1871 when records were first maintained by the Department, there were no notified cases of Diphtheria, and there were no deaths from this disease. There were two cases of Paratyphoid Fever. There were considerably fewer cases of Scarlet Fever than in the previous year and there were no deaths. There were, however, more cases of Whooping Cough and a higher death rate. There was also an increase in the number of cases of Measles, although the death rate remained the same as in 1949. There was a reduction in the incidence of Acute Poliomyelitis during the year, although the number of cases and deaths remained appreciably above the average of recent years. There was a considerable increase in the number of Dysentery cases, but the form of the disease was mild.

The death rate for Enteritis and Diarrhœa (in infants) again receded from that of the previous year, and the 1950 death rate was well below the average of the rates of the five preceding years.

It will be recalled that reference was made in previous Reports to the selection of Sheffield as one of the areas for a trial period of notification of Acute Rheumatism occurring amongst children under sixteen years of age. This period was originally to last for three years ending on 1st October, 1950, but at the request of the Ministry of Health it was agreed that it should be extended for a further three years. A separate report has again been prepared, and is included in this Annual Report, upon the investigation which is being made into the social and environmental conditions of the families of the cases notified.

There was a considerable decrease in the mortality of the group of respiratory diseases : Influenza, Pneumonia and Bronchitis, the death rate from Pneumonia being the lowest ever recorded in the City. The death rate of this group, taken as a whole, was also below the average of the five preceding years. At the end of the year it was realised, from the records of sickness which are now received weekly from the Ministry of National Insurance, that the incidence of Influenza and associated respiratory diseases was increasing above the normal seasonal proportions, and steps were taken to enable a watch to be kept on this development.

This is the fifth successive year in which the death rate (0·31) from Tuberculosis of the Respiratory System has decreased, the 1950 death rate being the lowest which has ever been recorded in the City. The death rate from Other Forms of Tuberculosis (0·05) was also lower than in the previous year.

The death rate from Cancer, which increased a little in 1949, showed a slight decrease in 1950.

In the service for the Care of Mothers and Young Children—the Maternity and Child Welfare Services—there was again a fall in the number of children who attended the infant clinics in 1950, as compared with the previous year, and once more there were fewer women who attended the ante-natal clinics. Attendances at these clinics had been at a very high level for some years, and some falling off was not unnatural, in view of the falling birth rate.

It will be recalled that a scheme is under contemplation for the provision of a Mother and Baby Home in the City. This proposal is to adapt certain premises in Hucklow Road and, whilst accommodation at this Home will not be extensive, it is hoped shortly to provide facilities for this essential side of the care of mothers (including unmarried women) and their children. The confinements will take place in hospital and it is anticipated that, in the main, the mothers will return to the Home with their babies for a time until they resume work and find other accommodation. The proposal has been approved by the Minister of Health.

The Home Nursing Service, as a direct function of the Health Committee, expanded during the year by the inclusion of the services previously undertaken by the Darnall and District Medical Aid Society which, on 31st March, 1950, handed over to the Council the duties in the Darnall area. The Intake, Gleadless and Hollinsend Nursing Association was then the only remaining voluntary association carrying out these services in its area, and they ceased to operate as an agent on 31st March, 1951. Thus from that date the whole of the Home Nursing Service in the City came under the direct administration of the City Council. During the year 1950, the district nurses, including those of the Nursing Associations, made over 143,000 visits and attended almost 5,600 cases.

The records of vaccination for the year 1950 show that there was an increase of 666 in the number of children vaccinated, as compared with the previous year. As regards Diphtheria Immunisation during 1950, 5,889 children under fifteen years of age were immunised, which was considerably below the total of 9,230 in the previous year. It is noteworthy that, although 588 children were immunised in the years 1937 to 1940, since that time and until the end of 1950, a total of 124,216 persons (practically all of them children under 15 years of age) have completed a course of Diphtheria Immunisation. In addition 25,878 children in the age group : five and under fifteen years, received a reinforcing injection during the period May, 1944 to 31st December, 1950. It is a matter of concern that there has been a growing apathy towards the prevention of both Smallpox and Diphtheria. Compulsion in matters of this kind is repugnant ; nevertheless, parents have responsibilities both towards the care of their own children and towards the prevention of spread of infection to their neighbours.

The Ambulance Services have continued to meet all the demands made upon them and, during 1950, carried rather more than 107,000 patients, with an aggregate running distance of about 476,000 miles, in other words, an average of 290 patients per day, and an average daily mileage of 1,300.

The Care and After-Care Service has again made considerable progress. As regards Tuberculosis care, there is a valuable liaison between the specialist medical officers of the Regional Hospital Board and the staff of the Care and After-Care Service, which ensures that there is an early visit by a health visitor to the home of any person notified as suffering from Tuberculosis, and a report on home conditions is supplied to the specialist medical officer. The service is thus made available to the patient without delay and any special need is at once given attention. Requests for the loan of beds and bedding for the separate use of the patient or of nursing requisites for his treatment are promptly met ; difficulties may be discovered in the home which may be overcome by calling in a district nurse or a domestic help, of whom a small number have specially volunteered for such duties ; or the home circumstances may be such as to justify making an effort to find better accommodation for the family. The Care and After-Care Service is being developed, not only as regards Tuberculosis, but as regards other types of illness, and illness generally, with the object of affording all necessary care for patients discharged from hospital and for sick people nursed at home. Arrangements have continued whereby a number of beds is reserved at Convalescent Homes outside the City, to accommodate persons who have been ill but whose active period of treatment is over. A recommendation of the attending medical practitioner is required in every case, and all the circumstances are investigated before a patient is admitted to a Convalescent Home.

Steps were again taken to increase the complement of domestic helps in 1950 and, at the end of the year, this staff numbered 79, of whom 29 were employed whole-time and 50 part-time. There is an increasing demand upon this service, which has proved a boon in providing help in the household when there have been confinements or illness or in cases of old age or infirmity, if help has not been available from any other source. The services of domestic helps were made available during the year in 221 cases of confinements and 554 other cases.

Information will be found in this report regarding the Mental Health Service which is administered by the Health Committee. Broadly speaking, these duties relate on the mental deficiency side to : the ascertainment of mental defectives, the care of defectives in their own homes and the provision of facilities for training and occupation. There were 1,114 mental defectives on the register at the end of the year 1950. The Duly Authorised Officers visit the home of any person who is notified as suffering from mental illness and, as soon as possible, make all necessary arrangements for the proper care of the patient, either for his admission to the mental observation section of Fir Vale Infirmary or to a mental hospital or otherwise. 727 patients were dealt with under these arrangements during 1950. A Psychiatric Social Worker was appointed in July, 1950, to carry out community care amongst neurotic patients. The work involves the building-up of relationships with the patients, relatives, doctors, employers, officials, etc., and it is anticipated that as the service develops it will make a valuable contribution in the saving of hospital beds and in the alleviation of human misery.

After acceptance in principle by the Local Executive Council, the Health Committee's formal proposals were approved by the Ministry of Health, for establishing the Firth Park Health Centre, by adapting the premises at Sicey Avenue—previously used as a Maternity and Child Welfare Centre and Social Welfare Centre. Provision was made for the accommodation of six general medical practitioners and for the associated services. Difficulties have, unfortunately, arisen, but it is hoped that this important service will eventually operate. A preliminary survey is being made of possible sites for Health Centres to cover the whole of the City area.

A section of this Annual Report is devoted to the services for the welfare of the blind and other handicapped persons ; these services, as co-ordinated under the provisions of the National Assistance Act, 1948, are administered by the Health Committee.

During the year, the staff of sanitary inspectors, amongst their duties, made more than 48,000 visits to, and inspections of, dwelling-houses under the Public Health Act, 1936, for the investigation and abatement of nuisances. Particulars of these visits and of the general work of the sanitary inspectors, including their work in connection with Housing, appear in this Report. The smoke inspectors continued their observations of the emission of smoke and the records for 1950 show that the average of the minutes of smoke emitted per half hour observation was 2·1 minutes. This compares favourably with the average of 2·7 minutes for the previous year, although an average as low as 1·4 minutes per half hour was recorded in 1938, prior to the war. It will be realised that industry has again been working at full pressure during the year and that difficulties have been experienced in some cases in providing suitable fuel for some processes.

Food inspectors made almost 9,000 visits to markets, railways and wholesale food stores during the year, nearly 1,400 visits to retail food shops and over 700 visits to horseflesh shops with the object of supervising the preparation of foodstuffs and the conditions under which it is handled and sold.

The daily average consumption of milk in Sheffield during the year was 41,910 gallons, which represents a consumption of 0·65 pints per head of the population. In 1950, the food and drugs inspectors took, for analysis, 1,140 samples of milk and other foods, of which 96, representing 8·43 per cent., proved to be adulterated. This compares with an adulteration rate of 12·17 per cent. for 1949.

There were 148,100 animals slaughtered at the Corporation Abattoir during the year and 3,903 at the two private slaughterhouses in the City. All the animals were examined by the meat inspectors and there were 21,249 animals of which either the whole or part of the carcase or some organ was found to be unfit for food.

During 1950, 373 medical examinations of new entrants to the local government service were carried out by the medical staff of the Department.

A total of 1,526 cremations was carried out during the year at the City Road Crematorium, and in each case the documents were examined by the Department.

With the many extensions of our sphere of work there may be a danger of forgetting the fundamental necessity of a satisfactory standard of everyday sanitation.

The sanitary inspector provides the spade work which permits the refinements of other services. Without elementary sanitation there would be no other "advances." Elsewhere in this report there is an account of housing inspection and examination of food and food premises. It is not always appreciated that, with few exceptions, every animal carcase for human consumption, which comes into the City, is examined to find out whether there is any disease present. The public are becoming aware of the dangers of food poisoning, and a sense of responsibility is shown by the manufacturers and the retailers, who realise that they have an obligation to provide clean food.

The Sanitary Department is in the process of surveying all food-preparation premises in the City, and is making a detailed record regarding the premises. It will take some time to complete the survey. The advice of the Department is being increasingly sought on the layout of food premises and on the methods of preparation of foods. The following statement shows the number of shops dealing with foodstuffs in the City.

Type of Shop.	Number.
Bakers (Bread, Cakes and Pastry)	100
Butchers	680
Cafes (open to general public)	110
Chemists :—	
Dispensing	155
Druggists	20
Corn and Seed Stores	25
Confectioners (Chocolates and Sweets)	220
Dairies	55
Grocers	2,050

Type of shop.	Number.
Fishmongers	120
Fried Fish Dealers	500
Fruit and Greengrocers	600
Health Food Stores	4
Licensed Premises :—	
Full Licences	636
Off Licences	500
Milk Bars	10

Total :—5,785.

There is a total of 9,000 retail shops in the City, and it will therefore be seen from the above statement that a very high proportion, almost two-thirds, of the shops in the City deal with foodstuffs.

Years ago many of the outbreaks of food poisoning which are now carefully investigated were dismissed as of no consequence. The importance of investigation into even the mildest outbreak lies in the opportunity provided for correcting bad habits, and for giving advice on the proper methods of food handling, thus perhaps preventing a more serious occurrence.

The food trade have introduced lectures, discussions and cinema shows to stimulate and educate their members, and on many occasions the staff of the Health Department have advised or assisted in the production of these demonstrations.

There is no finality regarding the care of food and the handling of foodstuffs. Legislation itself cannot make persons clean in their habits. Only a slow process of education over a number of years is of any avail in a matter of this kind.

I must particularly call attention to the high incidence of milk infected with tuberculosis. Out of 403 samples of raw milk, 38, or 9·43 per cent., have been found infected with tuberculosis. Some of these milks would be pasteurised before sale (and we have never found a sample of pasteurised milk which showed the presence of the tubercle bacillus), but some of the milks were for sale as raw milk. As it takes at least six weeks to find out whether a sample of milk contains the tubercle bacillus, it is possible for serious infection to occur before effective action, *i.e.*, compulsory pasteurisation, can be required.

HEALTH COMMITTEE

STATUTORY COMMITTEE

Powers and duties of the City Council in respect of :—

- Public Health Acts,
- National Health Service Acts, 1946 and 1949
- National Assistance Act, 1948 (Section : 29, 30, 47, 50)

Approval of :—

- Medical Officer of Health's monthly report on health of City
- Monthly requisitions
- Quarterly report of City Analyst
- Reports of Sub-Committees to which functions are delegated as under :

SUB-COMMITTEES

AUDIT

Verification and checking of monthly expenditure and requisitions of all Sections

CLEANSING AND PUBLIC BATHS

Duties under the following Acts :—

- Public Health Acts, 1875–1936
- Sheffield Corporation Acts, 1918 (Consolidated) and 1928

Services under these Acts, etc., in relation to :—

- Refuse Collection
- Refuse Disposal
- Public Conveniences
- Public Baths
- Public Wash-houses

DISABLED PERSONS WELFARE

Duties under the following Acts :—

- National Assistance Act, 1948

Services under these Acts, etc., in relation to :—

- Welfare of blind and other handicapped persons
- Provision of :—
  - Comforts
  - Educational Classes
  - Arrangements for sales of manufactured goods

GENERAL

Duties under the following Acts :—

- Public Health Acts, 1875—1936
- National Health Service Acts, 1946 & 1949
- Diseases of Animals Acts
- Factories Act, 1937
- Fertilisers and Feeding Stuffs Act, 1926
- Food and Drugs Acts, 1938 and 1944
- Housing Acts, 1936–1949
- Hydrogen Cyanide (Fumigation) Act, 1937
- Merchandise Marks Act, 1926
- Milk (Special Designation) Act, 1949
- Pharmacy and Medicines Act, 1941
- Pharmacy and Poisons Act, 1933
- Prevention of Damage by Pests Act, 1949
- Rag Flock Acts, 1911 and 1928
- Sheffield Corporation Acts
- Shops Act, 1950
- Slaughter of Animals Act, 1933
- Water Act, 1945

Services under these Acts, etc., in relation to :—

- General Public Health
- General Sanitation
- Ambulance Service
- Caravans, etc.
- Disinfection and Disinfestation
- Food and Drugs, etc.
- Food Premises, etc.
- Health and Welfare in Workplaces
- Housing
- Meat and Food Inspection
- Milk and Dairies
- Offensive Trades
- Pleasure Fairs
- Rodent Control
- Sanitary accommodation in factories
- Smoke Nuisances
- Movement of Animals, etc.
- Water Supplies

MATERNAL, INFANT AND NURSING WELFARE

Duties under the following Acts :—

- National Health Service Acts, 1946 and 1949
- Public Health Act, 1936
- Midwives Acts, 1902–1936
- Nursery and Child Minders Act, 1948
- Nurses' Acts.

Services under these Acts, etc., in relation to :—

- Care of mothers and young children (including Nurseries)
- Care and After Care (N.H.S. Act, 1946—Sect. 28)
- Domestic Help
- Home Nursing
- Health Visiting
- Midwifery
- Supervision of private maternity and nursing homes and nurses' agencies
- Vaccination and Immunisation

ASSESSMENT SECTION

- Approval of maternity hospital and midwifery bookings
- Assessment of applicant's ability to pay for services
- Cancellation of charges already made in certain cases
- Payment of fees to medical practitioners under Midwives Act
- Sanction for supply of free dried milk, etc.

MENTAL HEALTH

Duties under the following Acts :—

- National Health Service Acts, 1946 and 1949
- Lunacy and Mental Treatment Acts, 1890–1930
- Mental Deficiency Acts, 1913–1927

Services under these Acts, etc., in relation to :—

- Ascertainment of mental ill health.
- Care and After Care in Mental Health
- Occupation Centre

SPECIAL, STAFFING, ETC.

Matters of special importance, including senior staff appointments, etc.

WEIGHTS AND MEASURES

Duties under the following Acts :—

- Weights and Measures Acts, 1878–1936
- Sale of Food (Weights and Measures) Act, 1926
- Gas Act, 1948
- Explosives Acts, 1875 and 1923
- Petroleum (Consolidation) Act, 1928
- Shops Act, 1950
- Young Persons (Employment) Act, 1938
- Celluloid and Cinematograph Film Act, 1922

Services under these Acts, etc., in relation to :—

- Weights and Measures
- Explosives
- Gas meter testing
- Petroleum
- Shops
- Storage of raw and scrap celluloid

The incidence of tuberculosis in cattle at the slaughterhouse is given on page 108. It will be seen that over twenty per cent. of the oxen slaughtered were infected with tuberculosis.

During recent months a number of samples of milk have been examined for the organism of Undulant fever—it is not a very common disease in humans but cases occur from time to time and the disease is often a chronic one. Out of 274 samples of bulk milk specially examined, 24 samples (8·76 per cent.) have been found positive. In this number of samples (274), apart from the 24 samples with abortus organisms mentioned above, there were also 31 samples which were positive to tuberculosis—so that a total of 55 samples out of 274 contained dangerous organisms.

The only solution is to require all milk sold within the City to be obtained from attested herds, or to be effectively heat-treated. It is hoped that regulations to this end will soon be forthcoming.

Another aspect of the milk supply that unfortunately requires comment is the steady decline that has occurred in the nutritive value of the milk, as regards the non-fatty solids content, over a number of years.

It will be seen from the table and diagram on page 101 that whereas no appreciable change has occurred in the average fat content of milk, there has been a steady decline in the content of non-fatty solids.

At the present time there is only a minimum standard for the composition of milk, and it is a good defence with even poor milk to show that it is sold as obtained from the cow. There is a payment for " quality " milk from Channel Island cattle, but for the majority of the milk supply there is no incentive to produce milk of high nutritive value.

It is pleasing to find that standards of quality have been laid down for cream and ice cream and that standards have been suggested for artificial cream.

In order to obtain better information regarding the data which is available in the Public Health Department, recourse has been made to mechanical methods of sorting, so that more detailed and precise information regarding some of the causes of deaths, and as regards other health matters, will become available. It will be noted that the deaths amongst premature babies have been very fully analysed. In general the findings follow the usual pattern, the smaller the child the poorer the chances of survival. It will be seen that for the year 1950, the chances of survival were a little better for the child looked after in hospital, and it must be remembered that most of the cases with big risks to the mother and to the child occur in the cases whose admission to hospital has been required because of some abnormality. It will be necessary to try to improve the methods of care of premature infants in their own homes.

It is very interesting to realise that Sheffield, in association with all other big cities, is showing a very low infant death rate. As mentioned in previous reports, no single factor can account for this fall.

The decline in scarlet fever as a serious cause of death, and of diphtheria as a cause of morbidity or death, is most gratifying. Not only was there no death from diphtheria in the City, but there was no single case of this disease. In this way preventive medicine is contributing to the freeing of beds and the reduction of expenditure in relation to hospital accommodation.

Two special investigations have been made this year. An analysis has been made of the incidence of deaths from tuberculosis from the first available data for the City (1886-1949). No deductions, except those of a general character, can be drawn from this survey, but there is some useful information regarding some of the important episodes—war and unemployment—which have influenced the incidence of this disease. There are many important and unresolved problems associated with tuberculosis.

Throughout the year a careful check has been made of the causes of absence of children in the nurseries—see page 49. It will be noted that the most important cause of absence is associated with droplet infection. Although gastro-intestinal disease and food poisoning are spectacular causes of absence, these are far outweighed in importance by the continuous incidence of droplet infection. For many of the diseases caused by droplet infection we have no specific remedy or preventive measure, and the observance of high standards of hygiene is of great importance.

The Public Health Department is only one of the departments interested in the question of housing. This is the great social problem of our time—bad or unsatisfactory housing influences all our schemes for social betterment. The Housing Act, 1949, allows a much wider view to be taken of the requirements. Housing now becomes a real welfare service embracing all types and social classes ; it can provide for the young newly-married couple setting up a home for the first time, make provision for the growing family, cater for the more limited needs of the elderly and provide the maximum amenities for the crippled and disabled, and for the frailties which come with old age. Housing is undoubtedly one of the major methods whereby the local authority can add to the comfort, welfare and healthy living of the population for which it is responsible.

There is one important aspect of Housing which affects the Health Department—namely the cleanliness and sanitary arrangement of the household and the state of repair of the house. Many householders make valiant efforts and succeed in preserving comfort, cleanliness and reasonable amenities in old, outworn dwellings. Unfortunately there are others who, even though in some cases provided with new and up-to-date houses, neglect the house and allow it to become dirty, make no proper use of the amenities, take no interest in the garden and, in general, convert a new house into a near slum. It is distressing to see the air of neglect and lack of interest found inside and outside some of the houses on the new estates. In this as in other welfare services the authority can only make provision—the proper use of these amenities should be the duty and pleasure of the occupant.

The Care and After-Care Service continues to expand. New associations are being formed with the hospitals and the health visitors attend at regular intervals for consultations with the almoners, so as to facilitate both the entry of the patient into hospital and the smooth return to the home, and also to provide for the necessary care and after-care of the patients. The stock of equipment for loan to sick people has been steadily increased, the convalescent facilities fairly well used. The care and after-care service provides a common meeting place for all types of welfare workers and shows very clearly the interdependence of all sections of the Health Department.

One of the most important aspects of the care and after-care service is shown in the friendly supervision provided for the aged in their own homes by the health visitors. As a group the aged are afflicted by a large number of disabilities. Declining vision and hearing, difficulties of locomotion and general feebleness are especially found in this age group. The home helps also make a valued contribution to the comfort of the old people and the visits of the home nurse are always welcomed. In association with the general practitioners, and with the full co-operation of the Social Care Department and the Hospital authorities, it has been necessary to arrange the transfer of some cases needing more care than could be provided in their own homes into the accommodation provided by the Social Care Committee or into Hospital. Fortunately it has not been necessary to exercise compulsory powers for the removal of any old person.

The welfare services will undoubtedly expand as the implications of the National Assistance Act become appreciated. As far as possible the various types of disabled people should complement one another, and the value of the service is enhanced as we co-ordinate the various branches. The health visitor, as the visitor to the household, is of great importance in this matter. She discovers the cases needing the services ; she arranges for the services of the special workers—the psychiatric social worker, the home teacher for the blind, or the outside authorities such as the National Assistance Board or the voluntary agencies ; and she continues to supervise the family when the immediate trouble is over. By having one general welfare worker of this kind continuity of service is ensured. The National Health Service Act and the National Assistance Act are designed to integrate the welfare services provided for the acute sick, the chronic sick and the disabled. They are all part of a pattern of Social Medicine.

Perhaps the most important duty of a health department is to provide knowledge and education on health matters. The press have been most helpful in furthering this important project by providing information on sickness and health, and making informed comment on health matters. While formal lectures, articles, demonstrations, etc., are of great value, the best and most far-reaching results are obtained from the daily contact with persons in trouble or suffering from ill-health.

I extend my thanks to Dr. H. M. Turner, Dr. L. G. Cook, Dr. W. J. Clancy, Dr. K. J. G. Milne and other members of the hospital services for their continued co-operation despite the fact that they are not now members of the local health authority services.

It remains for me to thank the Committee for their help during the year, and especially the Chairman for the guidance and encouragement I have received from him throughout the year. It is also a pleasure to express my appreciation of the help that I have received from the staff, without whose full co-operation it would not have been possible to present the Committee with such an encouraging report.

LLYWELYN ROBERTS,
Medical Officer of Health.

VITAL STATISTICS

Special Features.—The birth rate of 14·3 per 1,000 for the year 1950 was lower than in the previous year and was also less than the England and Wales rate. The general death rate of 11·4 per 1,000 was substantially lower than the 1949 rate and also rather lower than the England and Wales rate.

The Infant Mortality rate of 28 per 1,000 live births represented a decrease from the previous year. The 1950 rate for England and Wales was 30 per 1,000 live births. The neo-natal mortality rate of the City in 1950 was 19 per 1,000 live births, which was also a decrease on the previous year.

The death rate from Tuberculosis of the Respiratory System was 0·313 per 1,000, which was a considerable decrease from 1949. The death rate from Other Forms of Tuberculosis was 0·054 per 1,000, as compared with 0·074 per 1,000 in 1949.

The death rate of children under two years of age from Enteritis and Diarrhæa was much lower than the 1949 rate, and was identical with the rate for England and Wales.

50 cases of Acute Poliomyelitis (Paralytic) and 40 cases of Acute Poliomyelitis (Non-Paralytic) were notified during the year. There were five deaths.

There was an increase in the attack rate from Measles from the previous year and there were two deaths.

The attack rate from Scarlet Fever decreased substantially from the previous year and there were no deaths from this disease.

During 1950, for the first time on record, there were no cases of Diphtheria and there were no deaths.

There was a substantial increase in the incidence of Whooping Cough and the death rate was higher than in the previous year.

The maternal mortality rate was 0·53 per 1,000 total (live and still) births. This was a very low rate and was only slightly above the low record of 0·48 in 1949.

Mortality from Cancer decreased slightly and was somewhat below the England and Wales rate.

The death rates from Influenza, Pneumonia and Bronchitis each showed a decrease from the rates of the previous year.

Area.—The total area of the City at 31st December, 1950, was 39,598 acres.

Population.—The Registrar General's estimate of the home population of the City for the year 1950 was 515,000, and this figure is employed in the calculation of the Birth Rates and Death Rates in this Report.

Marriages.—The number of marriages in 1950 was 4,582, and the marriage rate (or persons married per 1,000 of the population) was 17·8 as against 17·4 per 1,000 in 1949. The 1950 rate exceeded the England and Wales rate, which was 16·3 per 1,000. It will be seen, too, from the table which follows that the average Sheffield rate for the quinquennium, 1945 to 1949, also exceeded the average rate of England and Wales.

TABLE I.—*Marriages and Marriage Rates in Sheffield and in England and Wales, years* 1945 *to* 1949 *and year* 1950.

Year.	Total Number of Marriages in Sheffield.	Persons Married per 1,000 of the population. Sheffield.	England and Wales.
1945	4,953	20·8	18·7
1946	4,829	19·3	18·0
1947	4,761	18·7	18·6
1948	4,781	18·6	18·1
1949	4,478	17·4	17·0
Average (Quinquennium 1945-1949)	4,760	19·0	18·1
1950	4,582	17·8	16·3

Live Births.—There were 7,859 live births registered in the City in 1950, and after making allowances for births transferable inwards and outwards the figure of net live births is 7,370. The birth rate was 14·3 per 1,000 of the population as against a rate of 15·7 in 1949. The England and Wales rate for 1950 was 15·8 per 1,000. It will be seen from the statement below that the birth rate of the City was almost continuously on the increase throughout the period from 1940 to 1944. It declined in 1945 and rose again in 1946 and 1947, but has steadily declined during the period 1948 to 1950. The statement also gives the illegitimacy rates of Sheffield and of England and Wales since the year 1940. It will be seen that of the 7,370 live births in 1950 there were 276 illegitimate births and that the illegitimacy rate was 37 per 1,000 live births as against an England and Wales illegitimacy rate of 49 per 1,000. The average of the illegitimacy rates of the City for the ten years 1940 to 1949 is also very considerably below that of England and Wales :—

Year.	Total Live Births.	Birth Rate per 1,000 of Population.	Illegitimate Live Births.	Illegitimacy Rate per 1,000 Live Births. Sheffield.	England and Wales.
1940	7,702	15·5	240	31	43
1941	7,477	15·5	263	35	54
1942	7,958	16·6	291	37	56
1943	8,613	18·2	356	41	63
1944	10,072	21·2	453	45	70
1945	8,629	18·1	503	58	92
1946	10,073	20·1	433	43	65
1947	10,522	20·7	399	38	52
1948	9,107	17·7	368	40	53
1949	8,087	15·7	282	35	50
Average 1940–49	8,824	17·9	359	40	60
1950	7,370	14·3	276	37	49

Still-births.—Still-births allocated to the City in 1950, after making allowance for transferable births, numbered 158 and gave a rate of 0·31 per 1,000 of the population, as against a rate of 0·35 for 1949. The 1950 rate for England and Wales was 0·37. The still-births of the City in 1950 also represent a rate of 21 per 1,000 total (live and still) births, as compared with 22 per 1,000 in 1949.

Deaths.—There were 6,316 deaths registered in the City in 1950 and the transferable deaths numbered 273 inwards and 706 outwards. Net deaths allocated to the City therefore totalled 5,883 of which 3,233 were males and 2,650 females. The death rate from all causes was 11·4 per 1,000 of the population. This rate, as is shown in the following statement, is lower than the 1949 rate and is also lower than the average rate for the decade 1940-1949. It is slightly below the 1950 rate for England and Wales of 11·6 per 1,000.

	Year	Number of Deaths	Death Rate per 1,000 of the Population
	1940	7,538	15·2
	1941	6,583	13·6
	1942	5,697	11·9
	1943	6,215	13·1
	1944	5,905	12·5
	1945	5,968	12·5
	1946	6,167	12·3
	1947	6,260	12·3
	1948	5,797	11·3
	1949	6,431	12·5
Average	1940-49	6,256	12·7
	1950	5,883	11·4

On 1st January, 1950, the Public Health (Acute Poliomyelitis, Acute Encephalitis and Meningococcal Infection) Regulations, 1949, came into operation. They introduce nomenclature consistent with the international standard classification of diseases, which was brought into general use on the same date, and also slightly extend the scope of clinical conditions notifiable under the head of acute encephalitis. As a result, comparisons with the previous year which are given below are slightly lessened in value in respect of these infectious diseases.

Smallpox.—There were no cases of Smallpox notified during the year.

Measles.—There were 5,537 cases of Measles notified during the year, and the attack rate was 10·75 per 1,000 of the population as against 7·83 per 1,000 in 1949. Admissions to Hospitals, as classified after certain cases had been re-diagnosed in hospital, numbered 147.

There were two deaths, and the death rate was 0·004 per 1,000 of the population. In 1949 there were also two deaths. The average death rate for the five years 1945-1949 was 0·010.

Scarlet Fever.—760 cases of Scarlet Fever were notified during the year and admissions to Hospitals, as classified after certain cases had been re-diagnosed in hospital, numbered 464. The attack rate was 1·48 per 1,000 of the population as against 3·42 for 1949, and an average rate of 2·28 for the quinquennium 1945-1949. There were no deaths from Scarlet Fever during the year as against one death in the year 1949. The average death rate for the City for the quinquennium 1945-1949 was 0·001.

Diphtheria.—There were no cases of Diphtheria notified during the year 1950. This compares with an attack rate of 0·01 per 1,000 of the population for 1949 and an average rate of 0·19 for the quinquennium 1945-1949. There were no deaths from Diphtheria in the year 1950, which compares with a death rate of 0·00 per 1,000 of the population for England and Wales. This was the first year since 1871, when records were first maintained by the Department, that there were neither cases nor deaths from this disease in the City. There were no deaths in 1949 and the death rate for the quinquennium 1945-1949 was 0·005, as against 0·008 for England and Wales.

Whooping Cough.—2,909 notifications of Whooping Cough were received in the year 1950 and the attack rate was 5·65 per 1,000 of the population as against 1·05 in 1949. There were eight deaths, giving a death rate of 0·016 per 1,000 of the population. In the year 1949 there were four deaths, with a death rate of 0·008 per 1,000. The average death rate for the quinquennium 1945-1949 was 0·024.

Typhoid and Paratyphoid Fevers.—There were two cases under the heading of Typhoid and Paratyphoid Fevers notified during the year 1950. Both were Paratyphoid Fever. In 1949 there were no cases notified in this group, and there were no deaths in either year.

Enteritis and Diarræa under Two Years of Age.—Mortality from this group of diseases, stated per 1,000 live births, was 1·90 in 1950, as compared with 1·9 for England and Wales. The rate for 1949 was 3·59 as against 3·0 for England and Wales.

Meningococcal Infection.—There were 18 cases of Meningococcal Infection notified in 1950, as compared with nine cases of Cerebro-spinal Fever in 1949. The attack rate was 0·03 per 1,000 of the population, as against 0·02 per 1,000 in 1949. The average rate for the five years 1945 to 1949 was 0·05. There was one death, as against three deaths from Cerebro-spinal Fever in 1949, and the death rate was 0·002 per 1,000 of the population, as against 0·006 in 1949, and an average death rate for the quinquennium 1945 to 1949 of 0·012 per 1,000.

Acute Poliomyelitis.—90 cases were notified during the year—50 of Poliomyelitis (Paralytic) and 40 of Poliomyelitis (Non-paralytic)—compared with 130 cases—125 of Poliomyelitis and five of Polioencephalitis—notified in 1949. The attack rate was 0·17 per 1,000 of the population, comparing with a rate of 0·26 for 1949. During the year there were five deaths from this disease, as against 15 in 1949.

Acute Encephalitis.—Two cases of Acute Infective Encephalitis were notified during the year. There were 13 deaths under this heading, including ten from sequelæ of this disease. No cases of Encephalitis Lethargica were notified in 1949, and there were ten deaths under the heading.

Dysentery.—1,011 cases of Dysentery, the majority of them being of the Sonne type, were notified during the year. There were two deaths. In 1949 there were 43 cases and one death.

Malaria.—No cases of Malaria were notified during the year. There were no cases notified in 1949.

Food Poisoning.—There were 63 cases of Food Poisoning recorded during 1950. In 1949 there were 110 notifications. There was no death in either year.

Influenza.—The Influenza death rate was 0·045 per 1,000 as against 0·10 for England and Wales, the corresponding 1949 figures being 0·199 and 0·15 respectively. The average City rate for the five years 1945-1949 was 0·082 per 1,000.

Pneumonia.—The Pneumonia incidence rate was 2·37 per 1,000 of the population, as against 3·32 per 1,000 in 1949. 1,223 cases were notified in 1950, and there were 569 treated in the City General Hospital, 151 in the City Fever Hospital and seven in Nether Edge Hospital; an aggregate of 727 which represents 59 per cent. of the cases. A total of 167 persons died from Pneumonia during the year—88 males and 79 females—and the death rate was 0·324 per 1,000 of the population. There were 277 deaths from Pneumonia in the year 1949, and the death rate was 0·539 per 1,000. The average death rate for the five years 1945 to 1949 was 0·536 per 1,000.

Bronchitis.—There were 364 deaths from Bronchitis during the year as compared with 440 deaths in 1949. The death rate was 0·707 per 1,000 of the population, which compares with a rate of 0·856 for the year 1949. The average City rate for the five years 1945-1949 was 0·831 per 1,000.

Acute Rheumatism.—Under the Acute Rheumatism Regulations, 1947, Sheffield was selected for a trial period of notification of Acute Rheumatism in children under 16 years of age, commencing on 1st October, 1947. In the three months to the end of 1947 there were 71 cases notified. In the year 1948, 116 cases were classified as properly notifiable under the Regulations, and in the year 1949 there were 44 such notifications. The corresponding figure for 1950 was 72 cases. This is discussed in a separate report, which appears at the end of this section of the Annual Report, upon an investigation which has been made into these cases.

Cancer.—A total of 994 persons, 543 males and 451 females, died from Cancer in the year 1950. The death rate was 1·930 per 1,000 of the population, as against 1·993 in 1949.

Below is a table which gives details of deaths of Sheffield residents from Cancer in the period 1945 to 1950 and a comparison of the Sheffield death rate with that of England and Wales.

The numbers of deaths under the detailed sub-headings of Cancer, classified according to sex and in age periods are given in table VIII on page 25.

TABLE II.—*Cancer Mortality of Sheffield and of England and Wales for the year* 1950 *and the previous five years.*

Year	Deaths of Sheffield Residents			Death Rate per 1,000 of the Population	
	Males	Females	Total	Sheffield	England and Wales
1945	466	406	872	1·83	1·93
1946	499	436	935	1·87	1·84
1947	553	427	980	1·93	1·85
1948	562	460	1022	1·99	1·86
1949	538	486	1024	1·99	1·87
5 yrs' av'ge (1945-49)	524	443	967	1·92	1·87
1950	543	451	994	1·93	1·95

Tuberculosis.—There were 633 notifications of Tuberculosis of the Respiratory System in 1950, and the incidence rate was 1·23 per 1,000 of the population as against 1·35 per 1,000 in 1949. There were 80 notifications of Other Forms of Tuberculosis, giving an incidence rate of 0·16 per 1,000 which corresponds with a rate of 0·16 per 1,000 for 1949.

Deaths from Tuberculosis of the Respiratory System numbered 161 of whom 106 were males and 55 females. The death rate per 1,000 of the population was 0·313. This figure compares with a rate of 0·440 in 1949, an average rate of 0·496 for the five years 1945 to 1949, and an England and Wales rate for 1950 of 0·321 per 1,000.

There were 28 deaths from Other Forms of Tuberculosis, 19 of males and 9 of females. The death rate was 0·054 per 1,000 of the population, as against a rate for 1949 of 0·074 per 1,000, an average rate of 0·076 for the five years 1945 to 1949, and an England and Wales rate of 0·043 for the year 1950.

Death rates from Tuberculous Diseases per million of the population for Sheffield and England and Wales in the ten years, 1941 to 1950, are given in the table below :—

TABLE III.—*Death Rates per Million from Tuberculosis, ten years,* 1941 *to* 1950.

Year	Respiratory System		Other Forms		All Forms	
	Sheffield	England and Wales	Sheffield	England and Wales	Sheffield	England and Wales
1941	608	602	110	128	718	730
1942	622	542	106	115	728	657
1943	639	557	114	111	753	668
1944	523	524	112	104	635	628
1945	561	515	107	100	668	615
1946	536	468	66	83	602	551
1947	500	470	79	79	579	549
1948	441	440	54	67	495	507
1949	440	403	74	54	514	457
1950	313	321	54	43	367	364

Infant Mortality.—There were 205 deaths of infants under one year of age in 1950 as compared with 283 in 1949. The infant mortality rate of 35 per 1,000 live births in 1949 fell to 28 per 1,000 in 1950. This rate was a new low record for the City. The England and Wales rate for 1950 was 30 per 1,000.

In the table which follows are given the infant mortality rates for Sheffield and for England and Wales during the past 20 years. It will be seen that since the year 1933 the Sheffield rate has been almost consistently lower than the England and Wales rate.

TABLE IV.—*Infant Mortality, Sheffield and England and Wales,* 20 *years,* 1931 *to* 1950.

Year	Infant Mortality		Year	Infant Mortality	
	Sheffield	England and Wales		Sheffield	England and Wales
1931	69	66	1941	67	60
1932	73	65	1942	49	51
1933	63	64	1943	56	49
1934	55	59	1944	41	45
1935	52	57	1945	46	46
1936	59	59	1946	36	43
1937	55	58	1947	42	41
1938	50	53	1948	32	34
1939	48	50	1949	35	32
1940	55	56	1950	28	30

In the table which follows in regard to infant mortality particulars are given of the deaths of infants in the year 1950. The causes of death shown are in accordance with those prescribed by the International Statistical Classification of Diseases, Injuries and Causes of Death (sixth revision), which was introduced on 1st January, 1950.

TABLE V.—*Infant Mortality*; *Deaths in the year* 1950 *from stated causes at various ages under One Year.*

Causes of Death	Under 1 week	1–2 weeks	2–3 weeks	3–4 weeks	Total under 4 weeks	4 weeks and under 3 months	3 months and under 6 months	6 months and under 9 months	9 months and under 12 months	Total deaths under 1 year
Tuberculosis of meninges and central nervous system	...	...	...	...	...	...	1	...	...	1
Unspecified forms of Dysentery	...	...	...	...	...	...	1	...	...	1
Whooping Cough	...	...	...	...	...	1	1	2	1	5
Acute Poliomyelitis	...	...	...	...	...	...	1	...	...	1
Other forms of Lymphoma (Reticulosis)	...	...	...	...	...	...	1	...	...	1
Benign neoplasm of other parts of digestive system	...	...	...	...	...	...	...	1	...	1
Mental Deficiency	1	...	1	...	2	...	...	...	...	2
Meningitis, except Meningococcal and Tuberculous	...	...	...	...	...	...	...	1	...	1
Late effects of intracranial abscess or pyogenic infection	...	...	...	...	...	1	...	...	...	1
Epilepsy	...	...	...	...	...	...	...	...	1	1
Otitis Media without mention of Mastoiditis ...	...	...	...	...	...	1	...	...	1	2
Other venous embolism and Thrombosis	...	...	...	...	...	1	...	...	...	1
Influenza	...	...	...	...	...	...	...	1	...	1
Pneumonia	...	...	...	...	...	1	1	3	2	7
Bronchitis	...	...	...	...	...	1	2	1	...	4
Empyema	...	...	...	...	...	...	1	...	...	1
Pulmonary congestion and hypostasis	...	...	...	...	...	1	...	...	...	1
Disorders of occlusion, eruption and tooth development	...	...	...	...	...	...	...	1	...	1
Intestinal obstruction without mention of Hernia	1	...	...	...	1	...	...	...	...	1
Gastro-Enteritis and Colitis, except ulcerative, age 4 weeks and over	...	...	...	...	...	3	3	6	2	14
Functional disorders of Intestines	...	...	...	...	...	...	...	1	...	1
Eczema	...	...	...	...	...	...	...	1	...	1
Monstrosity	1	...	...	...	1	...	...	...	...	1
Spina bifida and meningocele	1	1	...	...	2	...	1	...	1	4
Other congenital malformations of nervous system and sense organs	1	...	1	...	2	...	...	...	...	2
Congenital malformations of—										
Circulatory system	2	1	...	...	3	...	5	...	...	8
Digestive system	3	1	...	...	4	1	1	1	...	7
Bone and Joint	1	...	...	...	1	...	...	...	...	1
Other and unspecified congenital malformations	...	...	...	1	1	1	1	...	...	3
Intracranial and spinal injury at birth—										
Without immaturity	14	...	1	...	15	...	...	...	...	15
With immaturity	2	...	...	1	3	...	...	...	...	3
Other birth injury—										
Without immaturity	2	...	...	...	2	...	...	...	...	2
With immaturity	7	...	...	...	7	...	...	...	...	7
Postnatal asphyxia and atelectasis—										
Without immaturity	6	1	...	...	7	...	...	...	...	7
With immaturity	12	...	...	...	12	...	...	...	...	12
Pneumonia of newborn—										
Without immaturity	...	...	4	...	4	...	...	...	...	4
With immaturity	1	...	1	...	2	...	...	...	...	2
Maternal disorders arising from maternal toxæmia—with immaturity	5	...	...	...	5	...	...	...	...	5
Hæmolytic disease of newborn—										
Without immaturity	5	...	...	...	5	...	...	...	...	5
With immaturity	1	...	...	...	1	...	...	...	...	1
Hæmorrhagic disease of newborn—with immaturity	2	...	...	...	2	...	...	...	...	2
Ill-defined disease peculiar to early infancy—										
Without immaturity	...	...	...	...	...	1	...	...	...	1
With immaturity	1	...	...	...	1	...	...	...	...	1
Immaturity with other subsidiary condition ...	3	...	2	...	5	...	1	...	...	6
Immaturity unqualified	46	2	...	1	49	1	...	...	...	50
Inhalation and ingestion of food causing obstruction or suffocation	...	...	...	1	1	2	1	...	...	4
Accidental mechanical suffocation in other and unspecified circumstances	...	...	...	1	1	...	1	...	...	2
All Causes	118	6	10	5	139	16	23	19	8	205

Neo-Natal Mortality.—Deaths of infants occurring within the first four weeks of life numbered 139 in the year 1950, giving a neo-natal mortality rate of 19 per 1,000 live births. The rate for the year 1949 was 23 per 1,000. The neo-natal deaths in 1950 comprise 68 per cent. of the total deaths of children under one year of age as against 64 per cent. in 1949.

Pregnancy, Child Birth and the Puerperal State.—There were 90 cases of Puerperal Pyrexia notified during the year 1950, and the incidence rate, calculated per 1,000 total (live and still) births, was 11·96 as against a rate of 12·94 in 1949.

There were four maternal deaths during the year 1950, the same number as in 1949. There were no deaths from Puerperal Sepsis, which compares with no deaths in 1949 and an average death rate of 0·16 per 1,000 total (live and still) births for the five years 1945 to 1949. The 1950 England and Wales death rate for Puerperal Sepsis was 0·03. The total maternal mortality rate of the City, which was 0·48 per 1,000 total (live and still) births in 1949 rose slightly to 0·53 per 1,000 in 1950, in which year the corresponding England and Wales rate was 0·72 per 1,000. The average Sheffield rate for the period 1945 to 1949 was 0·87, as against an England and Wales average of 1·08. The table which follows gives, for recent years, the total maternal deaths in Sheffield, the Puerperal Pryexia incidence rates of the City, the death rates of the City from Puerperal Sepsis and from other maternal causes and also comparative figures of the total maternal mortality rates of Sheffield and of England and Wales. Deaths from abortion are disregarded in stating maternal mortality rates.

TABLE VI.—*Total Maternal Deaths in Sheffield ; Sickness from Puerperal Pyrexia ; also Maternal Mortality per* 1,000 *total* (*live and still*) *Births, years* 1945-1950.

Year.	Total Maternal Deaths in Sheffield (excluding Abortion)	Rates per 1,000 total (live and still) Births.				
		Sickness incidence from Puerperal Pyrexia	Maternal Mortality.			
			Puerperal Sepsis	All Other Causes	Total Maternal Mortality	
					Sheffield	England and Wales
1945	12	20·16	0·34	1·01	1·35	1·47
1946	6	14·27	0·19	0·39	0·58	1·24
1947	14	13·59	0·18	1·11	1·29	1·01
1948	6	9·64	0·11	0·53	0·64	0·86
1949	4	12·94	—	0·48	0·48	0·82
Average 5 years 1945-1949	8	14·12	0·16	0·70	0·87	1·08
1950	4	11·96	—	0·53	0·53	0·72

Notification of Infectious Disease.—The table which follows shows the number of cases which occurred of each of the infectious and other notifiable diseases during the year 1950. Notifications of each disease are tabulated in specified age groups. The information with regard to admissions to hospital has been supplied by Nos. 1 and 3 Hospital Management Committees.

TABLE VII.—*Cases of Infectious and other notifiable Diseases during the year* 1950 *classified under age periods ; also Admissions to Hospital.*

NOTIFIABLE DISEASE	Number of Cases Notified									Admissions to Hospital
	At Specified Age Periods									
	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 65	65 and upwards	At all Ages	
Smallpox	..	..	..	..	..	..	..	..	..	..
Measles	213	3,215	2,071	21	11	5	1	..	5,537	147
Whooping Cough	269	1,731	877	7	13	8	2	2	2,909	164
Scarlet Fever	2	299	422	23	6	6	2	..	760	464
Diphtheria	..	..	..	..	..	..	..	..	..	..
Typhoid Fever	..	..	..	..	..	..	..	..	..	..
Paratyphoid Fever	..	1	..	1	..	..	..	..	2	2
Puerperal Pyrexia	..	..	..	44	37	9	..	..	90	*86
Erysipelas	..	2	8	1	12	29	53	32	137	33
Meningococcal Infection	9	4	2	1	..	1	1	..	18	18
Acute Poliomyelitis—										
Paralytic	5	24	7	5	6	1	2	..	50	46
Non-Paralytic	..	14	19	3	1	2	1	..	40	32
Ophthalmia Neonatorum	11	..	..	..	..	..	..	..	11	†3
Pneumonia	51	178	144	45	87	96	361	261	1,223	727
Malaria	..	..	..	..	..	..	..	..	..	..
Dysentery	33	554	292	38	41	26	16	11	1,011	129
Acute Encephalitis—										
Infective	..	..	1	..	..	..	1	..	2	2
Post-Infectious	..	..	..	..	..	..	..	..	..	..
Food Poisoning	..	1	5	5	6	23	20	3	63	6
Tuberculosis of Respiratory System	5	54	121	114	114	71	125	29	633	1,211
Other Forms of Tuberculosis	2	15	29	13	5	8	4	4	80	113
Acute Rheumatism	..	2	70	..	..	..	..	..	72	55
Totals	600	6,094	4,068	321	339	285	589	342	12,638	3,238

* Includes cases where the confinement took place in hospital. † Includes two cases where the child was born in hospital.

Causes of Death.—In Table VIII on page 25 are given particulars of the number of deaths of Sheffield residents in the year 1950 classified according to disease, sex and age periods. It should be stated that commencing with deaths registered in the year 1950, the classification of causes of death is that prescribed in the International List (sixth revision 1948), which replaces the fifth revision of 1938. This change in classification has lessened the value, as regards certain causes of death, of the comparisons which are made of death rates prior to the year 1950 with those of subsequent years.

Registration Sub-Districts and Municipal Wards.—Under the Births and Deaths Registration Scheme of the Sheffield City Council, which came into operation on 1st April, 1935, the City is divided into six Registration Sub-Districts each comprising two, three or five Municipal Wards as follows :—Sheffield North (Neepsend and Firth Park Wards) ; Sheffield Central (St. Peter's, Sharrow and Broomhill Wards) ; Sheffield South-West (Woodseats, Nether Edge, Hallam, Ecclesall and Norton Wards) ; Sheffield North-East (Brightside, Burngreave, Attercliffe, Tinsley and Darnall Wards) ; Sheffield North-West (Hillsborough, Owlerton, Walkley, Crookesmoor and St. Philip's Wards) ; and Sheffield East (Park, Manor, Heeley, Handsworth and Moor Wards). The vital statistics of these Municipal Wards for the year 1950 appear in Table IX on pages 26 and 27.

Population and Birth Rates and Death Rates in Past Years.—Table X on page 28 gives information in regard to the population of the City in 1950 and past years ; also the numbers of births and deaths in the City and the birth rates and death rates of Sheffield and of England and Wales in those years.

TABLE VIII.—*Deaths of Sheffield Residents in the Year 1950 Classified according to Disease, Sex and Age-Periods.*

CAUSE OF DEATH	Sex	All Ages	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
ALL CAUSES ...	M	3233	127	10	13	21	44	80	124	298	630	1010	876
	F	2650	78	4	16	8	23	55	68	199	348	754	1097
TOTALS ...		5883	205	14	29	29	67	135	192	497	978	1764	1973
1. Tuberculosis, Respiratory	M	106	—	—	—	—	4	18	19	25	25	11	4
	F	55	—	—	—	—	11	18	5	8	4	7	2
2. Tuberculosis, other	M	19	—	—	3	3	3	3	4	—	1	1	1
	F	9	1	1	2	1	1	1	—	—	—	2	—
3. Syphilitic disease ...	M	15	—	—	—	—	—	1	1	1	5	4	3
	F	9	—	—	—	—	—	—	—	1	—	7	1
4. Diphtheria	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough ...	M	5	3	1	1	—	—	—	—	—	—	—	—
	F	3	2	—	1	—	—	—	—	—	—	—	—
6. Meningococcal Infections	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	1	—	—
7. Acute Poliomyelitis	M	2	—	1	—	1	—	—	—	—	—	—	—
	F	3	1	—	—	—	1	1	—	—	—	—	—
8. Measles	M	1	—	1	—	—	—	—	—	—	—	—	—
	F	1	—	—	1	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic diseases	M	12	1	—	—	1	—	1	3	2	1	3	—
	F	10	—	—	—	1	—	1	1	3	—	1	3
10. Malignant Neoplasm, Stomach	M	101	—	—	—	—	—	—	4	12	20	44	21
	F	83	—	—	—	—	—	1	3	7	16	34	22
11. Malignant Neoplasm, Lung, Bronchus	M	156	—	—	—	—	—	3	8	37	56	42	10
	F	20	—	—	—	—	—	1	1	3	7	3	5
12. Malignant Neoplasm, Breast	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	78	—	—	—	—	—	1	12	18	15	23	9
13. Malignant Neoplasm, Uterus	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	52	—	—	—	—	—	—	2	11	14	20	5
14. Other Malignant and Lymphatic Neoplasms ...	M	278	1	—	1	2	3	4	8	33	63	100	63
	F	205	—	—	—	—	1	5	8	36	37	69	49
15. Leukæmia, Aleukæmia	M	8	—	—	—	1	—	—	1	2	2	2	—
	F	13	—	—	2	—	—	1	2	2	—	5	1
16. Diabetes	M	10	—	—	—	—	—	—	—	1	4	3	2
	F	32	—	—	—	—	—	—	—	4	10	14	4
17. Vascular Lesions of Nervous System	M	342	—	—	—	—	1	3	5	15	53	147	118
	F	391	—	—	—	1	—	1	5	23	57	127	177
18. Coronary disease, Angina	M	424	—	—	—	—	—	—	9	52	126	160	77
	F	210	—	—	—	—	—	—	1	3	40	89	77
19. Hypertension with Heart disease	M	63	—	—	—	—	—	1	—	6	16	25	15
	F	61	—	—	—	—	—	—	1	3	8	25	24
20. Other heart disease	M	487	—	—	—	—	5	9	12	12	57	164	228
	F	603	—	—	—	—	1	5	8	24	41	144	380
21. Other circulatory disease	M	249	—	—	—	—	2	—	4	7	20	54	162
	F	243	1	—	—	—	1	1	2	5	14	55	164
22. Influenza	M	7	—	—	—	—	—	—	—	—	1	3	3
	F	16	1	—	—	—	—	2	1	—	5	6	1
23. Pneumonia	M	88	5	1	1	—	2	2	4	8	18	24	23
	F	79	2	—	—	1	1	—	1	14	15	19	26
24. Bronchitis	M	266	4	—	—	—	—	—	—	28	74	106	54
	F	98	—	—	—	—	—	—	1	—	8	37	52
25. Other Diseases of Respiratory System	M	48	1	3	—	1	3	4	2	6	8	14	6
	F	15	1	—	3	—	—	—	—	2	2	2	5
26. Ulcer of Stomach and Duodenum	M	54	—	—	—	—	—	1	3	10	13	16	11
	F	11	—	—	—	—	—	—	2	1	3	1	4
27. Gastritis, Enteritis and Diarrhœa	M	18	10	—	—	—	1	1	2	1	2	—	1
	F	13	4	—	1	—	—	—	2	—	1	3	2
28. Nephritis and Nephrosis	M	34	—	—	1	1	2	4	4	6	5	6	5
	F	31	—	—	—	—	1	3	3	3	6	8	7
29. Hyperplasia of Prostate	M	36	—	—	—	—	—	—	—	—	2	17	17
	F	—	—	—	—	—	—	—	—	—	—	—	—
30. Pregnancy, Childbirth, Abortion	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	4	—	—	—	—	—	3	1	—	—	—	—
31. Congenital Malformations	M	26	16	—	—	—	1	3	1	1	3	—	1
	F	14	10	1	—	—	—	—	—	2	1	—	—
32. Other defined and ill-defined diseases	M	253	83	3	4	5	10	9	10	25	38	38	28
	F	209	52	1	2	2	2	8	5	22	34	35	46
33. Motor Vehicles Accidents	M	38	—	—	2	5	2	7	6	1	4	9	2
	F	10	—	—	3	1	2	—	—	—	3	1	—
34. All other accidents...	M	57	3	—	—	1	4	4	9	3	6	10	17
	F	54	3	1	1	1	1	—	—	1	3	13	30
35. Suicide	M	29	—	—	—	—	1	1	5	4	7	7	4
	F	14	—	—	—	—	—	2	1	3	3	4	1
36. Homicide and Operations of War	M	1	—	—	—	—	—	1	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—

TABLE IX.—*Registration Sub-Districts and Municipal Wards* ; *Estimated Population* ; *Acreage, Rates per* 1,000 *of the Population* ; *also*

REGISTRATION SUB-DISTRICTS	NORTH		CENTRAL			SOUTH-WEST					NORTH-EAST		
MUNICIPAL WARDS	Neepsend	Firth Park	Saint Peter's	Sharrow	Broomhill	Woodseats	Nether Edge	Hallam	Ecclesall	Norton	Brightside	Burngreave	Attercliffe
ESTIMATED POPULATION	40,009	43,256	6,102	18,014	21,396	20,867	15,679	21,681	23,599	16,324	21,252	16,458	15,847
ACREAGE	1,810	1,534	260	283	981	1,668	529	9,089	2,779	5,433	1,569	396	379
PERSONS PER ACRE ...	22	28	23	64	22	13	30	2	8	3	14	42	42
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough ...	...	...	...	...	...	...	0·064	...	...	0·061	...	0·061	0·063
Typhoid Fever	...	...	...	...	...	...	...	...	...	...	...	...	...
Paratyphoid Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Influenza	0·050	0·116	...	0·055	0·047	0·144	...	0·092	...	0·061	...	0·121	0·063
Gastritis, Enteritis and Diarrhœa	0·100	0·116	0·164	...	0·047	...	...	...	0·042	...	...	0·061	0·189
Pneumonia	0·425	0·254	0·819	0·111	0·467	0·240	0·447	0·231	0·339	0·123	0·659	0·486	0·379
Cancer	2·024	1·734	1·966	1·998	2·150	2·300	1·403	2·168	2·543	1·409	1·741	2·187	2·272
Tuberculosis of Respiratory System	0·400	0·370	0·492	0·278	0·187	0·192	0·255	0·046	0·127	0·306	0·424	0·304	0·694
Tuberculosis—Other Forms	0·100	0·023	...	...	...	...	...	0·092	0·085	0·245	0·094	...	0·063
Rheumatism, &c. ...	0·025	0·139	...	0·055	0·047	0·096	...	...	0·127	...	0·047	0·061	...
Diseases of Nervous System and Sense Organs ...	1·649	1·549	2·130	1·221	1·963	2·348	1·977	1·799	1·610	1·593	1·318	1·519	1·578
Circulatory System ...	3·624	3·814	5·736	6·495	5·328	6·374	5·740	5·581	5·890	3·859	3·764	4·922	4·796
Respiratory System except Influenza and Pneumonia ...	1·225	0·763	1·639	0·999	0·795	0·575	0·319	0·508	0·339	0·552	0·800	1·033	1·262
Digestive System except Gastritis, Enteritis & Diarrhœa	0·500	0·254	0·328	0·111	0·234	0·383	0·191	0·138	0·127	0·123	0·329	0·304	0·252
Genito-Urinary System except Venereal Disease ...	0·150	0·277	0·655	0·278	0·467	0·335	0·319	0·415	0·254	0·306	0·094	0·061	0·252
Early Infancy ...	0·125	0·231	0·328	0·278	0·467	0·144	0·064	0·138	0·085	0·061	0·329	0·304	0·442
Suicide	0·150	0·046	...	0·055	0·187	0·048	0·064	0·138	0·042	0·061	0·141	0·061	0·063
Violence—except Suicide	0·275	0·162	0·492	0·445	0·467	0·383	0·383	0·277	0·551	0·368	0·188	0·364	0·442
Other Causes	0·450	0·416	0·328	0·555	0·748	0·767	0·765	0·692	0·424	0·490	0·471	0·486	0·505
Death Rates—All Causes	11·272	10·264	15·077	12·934	13·601	14·329	11·991	12·315	12·585	9·618	10·399	12·335	13·315
Infant Mortality Rates ...	22	27	49	28	45	29	21	17	12	12	23	37	41
Birth Rates	15·646	12·183	16·716	13·989	12·385	11·549	12·437	11·070	10·636	10·598	16·234	18·228	20·004
MUNICIPAL WARDS	Neepsend	Firth Park	Saint Peter's	Sharrow	Broomhill	Woodseats	Nether Edge	Hallam	Ecclesall	Norton	Brightside	Burngreave	Attercliffe
REGISTRATION SUB-DISTRICTS	NORTH		CENTRAL			SOUTH-WEST					NORTH-EAST		

and Persons per acre, Death Rates from all Causes and from Certain Specified Causes, and Birth Infant Mortality Rates, Year 1950.

NORTH-EAST		NORTH-WEST					EAST					City	REGISTRATION SUB-DISTRICTS
Tinsley	Darnall	Hillsboro'	Owlerton	Walkley	Crookesmoor	Saint Philip's	Park	Manor	Heeley	Handsworth	Moor		MUNICIPAL WARDS
15,016	20,328	27,395	16,735	16,804	16,905	9,105	18,845	30,735	18,418	34,454	9,776	515000	ESTIMATED POPULATION
1,822	800	2,072	487	334	308	214	1,049	1,402	593	3,569	238	39,598	ACREAGE
8	25	13	34	50	55	43	18	22	31	10	41	13	PERSONS PER ACRE
...	...	...	...	...	...	...	...	...	...	...	...	...	Smallpox
...	...	0·037	...	...	...	...	...	0·033	...	...	...	0·004	Measles
...	...	...	...	...	...	...	...	...	...	...	...	...	Scarlet Fever
...	...	...	...	...	...	...	...	...	...	...	...	...	Diphtheria
0·067	...	...	...	...	0·059	...	...	...	0·054	0·029	...	0·016	Whooping Cough
...	...	...	...	...	...	...	...	...	...	...	...	...	Typhoid Fever
...	...	...	...	...	...	...	...	...	...	...	...	...	Paratyphoid Fever
0·067	0·049	0·037	0·060	...	...	...	0·053	...	...	...	...	0·045	Influenza
...	0·049	0·110	0·120	...	...	0·110	0·053	0·098	0·054	0·087	...	0·060	Gastritis, Enteritis and Diarrhœa
0·400	0·492	0·328	0·179	0·238	0·177	0·769	0·265	0·293	0·272	0·145	0·102	0·324	Pneumonia
1·665	2·165	1·862	1·195	1·964	2·011	2·416	2·494	1·562	2·009	1·509	2·251	1·930	Cancer
0·266	0·295	0·219	0·179	0·357	0·296	0·549	0·318	0·618	0·054	0·378	0·102	0·313	Tuberculosis of Respiratory System
0·067	0·049	0·037	0·060	0·060	...	...	0·053	0·065	...	0·116	...	0·054	Tuberculosis—Other Forms
0·067	0·098	0·073	0·060	...	...	...	...	0·098	0·217	0·145	...	0·066	Rheumatism, &c.
1·598	1·820	1·460	1·374	1·131	1·538	1·647	1·168	0·683	1·412	1·422	1·637	1·532	Diseases of Nervous System and Sense Organs
4·528	3·886	4·563	3·226	3·868	5·206	5·711	4·935	2·700	5·212	3·715	5·115	4·544	Circulatory System
1·065	0·935	0·693	0·836	1·547	1·006	0·988	1·221	0·651	0·706	0·639	0·307	0·829	Respiratory System except Influenza and Pneumonia
0·266	0·344	0·365	0·179	0·655	0·177	0·439	0·159	0·195	0·109	0·261	0·307	0·272	Digestive System except Gastritis, Enteritis & Diarrhœa
0·266	0·246	0·182	0·120	0·238	0·177	0·330	0·212	0·228	0·380	0·348	0·205	0·260	Genito-Urinary System except Venereal Disease
0·133	0·394	0·328	0·299	0·357	0·119	0·330	0·212	0·195	0·217	0·232	0·511	0·239	Early Infancy
...	0·049	0·182	0·060	...	0·059	0·110	0·106	0·065	...	0·116	0·102	0·083	Suicide
0·200	0·197	0·219	0·239	0·297	0·237	0·330	0·478	0·260	0·217	0·290	0·511	0·310	Violence—except Suicide
0·999	0·443	0·657	0·120	0·357	0·710	0·439	0·690	0·423	0·869	0·494	0·307	0·542	Other Causes
11·654	11·511	11·352	8·306	11·069	11·772	14·168	12·417	8·167	11·782	9·926	11·457	11·423	Death Rates—All Causes
26	29	42	31	35	18	26	22	25	26	26	49	28	Infant Mortality Rates
15·317	17·021	12·302	13·624	13·449	16·149	17·133	16·715	15·650	14·388	15·586	14·525	14·311	Birth Rates
Tinsley	Darnall	Hillsboro'	Owlerton	Walkley	Crookesmoor	Saint Philip's	Park	Manor	Heeley	Handsworth	Moor	City	MUNICIPAL WARDS
NORTH-EAST		NORTH-WEST					EAST						REGISTRATION SUB-DISTRICTS

TABLE X.—*Population, Births and Deaths and Birth Rates and Death Rates in Sheffield and in England and Wales, in* 1950 *and previous years.*

YEAR.	POPULATION. (Estimated)	SHEFFIELD.				ENGLAND AND WALES	
		LIVE BIRTHS.		DEATHS.			
		Number of Births	Birth Rate per 1,000 of Population	Number of Deaths	Death Rate per 1,000 of Population	Birth Rate per 1,000 of Population	Death Rate per 1,000 of Population
1851	135,310	5,946	41·6	4,027	28·2	34·2	22·0
1861	186,375	7,561	40·5	4,610	24·7	34·6	21·6
1871	241,506	9,674	40·4	6,843	28·3	35·0	22·6
1881	284,508	10,814	38·0	5,909	20·7	33·9	18·9
1891	325,547	11,862	36·4	7,775	23·9	31·4	20·2
*1901	410,151	12,766	33·0	7,891	20·4	28·5	16·9
1902	414,506	13,938	33·6	7,064	17·0	28·5	16·3
1903	418,906	14,136	33·6	7,976	19·0	28·5	15·5
1904	423,355	13,850	32·7	7,284	17·2	28·0	16·3
1905	427,850	13,082	30·6	7,510	17·6	27·3	15·3
1906	432,395	13,420	31·1	7,475	17·3	27·2	15·5
1907	436,986	14,125	32·3	7,772	17·8	26·5	15·1
1908	441,630	14,268	32·3	7,337	16·6	26·7	14·8
1909	446,321	13,296	29·8	7,098	15·9	25·8	14·6
1910	451,065	12,664	28·1	6,426	14·2	25·1	13·5
1911	455,817	12,623	27·7	7,335	16·1	24·4	14·6
*1912	466,408	12,887	27·7	6,661	14·3	23·8	13·3
1913	471,662	13,288	28·2	7,446	15·8	23·9	13·8
*1914	476,971	13,004	27·3	7,790	16·3	23·8	14·0
1915	476,012	12,139	25·5	8,173	17·2	21·8	15·7
1916	465,494	12,014	23·7	7,262	15·6	20·9	14·4
1917	469,293	11,026	21·1	6,892	14·7	17·8	14·4
1918	465,217	10,746	20·6	9,732	20·9	17·7	17·6
1919	473,695	10,353	21·0	6,564	13·9	18·5	13·7
1920	492,700	13,130	26·6	6,622	13·4	25·5	12·4
*1921	519,239	11,907	23·8	6,284	12·5	22·4	12·1
1922	522,600	10,804	20·7	6,097	11·7	20·4	12·8
1923	524,200	10,195	19·4	6,012	11·5	19·7	11·6
1924	525,000	9,712	18·5	6,110	11·6	18·8	12·2
1925	526,900	9,321	17·7	6,078	11·5	18·3	12·2
1926	523,300	9,013	17·2	5,927	11·3	17·8	11·6
1927	524,900	8,526	16·2	6,436	12·3	16·7	12·3
1928	515,400	8,438	16·4	6,099	11·8	16·7	11·7
*1929	518,000	7,976	15·4	6,850	13·2	16·3	13·4
1930	517,700	7,831	15·1	5,675	11·0	16·3	11·4
1931	517,300	7,777	15·0	5,839	11·3	15·8	12·3
1932	513,000	7,393	14·4	5,976	11·6	15·3	12·0
1933	511,820	7,178	14·0	6,117	12·0	14·4	12·3
*1934	520,950	7,530	14·5	5,886	11·4	14·8	11·8
1935	520,500	7,676	14·7	6,193	11·9	14·7	11·7
1936	518,200	7,884	15·2	6,334	12·2	14·8	12·1
1937	518,200	7,962	15·4	6,492	12·5	14·9	12·4
1938	520,000	8,144	15·7	5,906	11·4	15·1	11·6
1939	522,000	8,192	15·7	6,201	12·0	15·0	12·1
1940	496,700	7,702	15·5	7,538	15·2	15·2	14·4
1941	483,320	7,477	15·5	6,583	13·6	14·9	13·5
1942	479,400	7,958	16·6	5,697	11·9	15·8	12·3
1943	474,100	8,613	18·2	6,215	13·1	16·5	13·0
1944	474,180	10,072	21·2	5,905	12·5	17·6	12·7
1945	476,360	8,629	18·1	5,968	12·5	17·8	12·6
1946	500,400	10,073	20·1	6,167	12·3	19·1	12·0
1947	508,370	10,522	20·7	6,260	12·3	20·6	12·0
1948	514,400	9,107	17·7	5,797	11·3	17·9	10·8
1949	513,700	8,087	15·7	6,431	12·5	16·7	11·7
1950	515,000	7,370	14·3	5,883	11·4	15·8	11·6

Population at earlier dates :—14,105 in 1736 ; 45,755 in 1801 ; 53,231 in 1811 ; 65,275 in 1821 ; 91,692 in 1831 ; 111,091 in 1841.

* The City was extended on 31st October, 1901 ; 1st April, 1912 ; 1st October, 1914 ; 9th November, 1921 1st April, 1929 ; and 1st April, 1934.

ACUTE RHEUMATISM REGULATIONS, 1947 AND 1950.

REPORT UPON THE INVESTIGATION OF CASES OF ACUTE RHEUMATISM NOTIFIED IN THE YEARS 1947-1950 AMONGST SHEFFIELD CHILDREN.

By WILLIAM FIELDING, M.D., B.SC., D.P.H.

The following tables give a résumé of the investigations carried out in Sheffield since October, 1947, when Acute Rheumatism below the age of 16 years was made compulsorily notifiable in the city for a trial period of three years, which has now been extended for a further period. In Table XI a general comparison is made between the findings of various notification authorities included in the investigations ; other tables relate only to Sheffield.

During the whole period careful enquiry has been made into the medico-social background of the notified cases and a series of " Control " cases, and great assistance has been received from Dr. M. C. Taylor, School Medical Officer, in the selection and investigation of the " Controls."

The total number of cases notified as Acute Rheumatism below the age of 16 years was approximately 300, extending over a period of 39 months, but in the early months of notification a number of cases of chronic rheumatic disease was included whose primary illness undoubtedly occurred before the Regulations came into force.

The tables which follow suggest that little significance attaches to the social status or income group of the families of rheumatic children, except possibly insofar as poor home conditions may influence the prognosis of the disease. Of greater significance appears to be a hereditary tendency to acute rheumatism, and a family history of the disease was found in a higher proportion of notified cases than in the " Control Series." These are matters requiring further examination over a period of time before any definite conclusions can be reached.

TABLE XI.—*Notification of Rheumatism in the various Notification Areas during the period January to December*, 1950.

(The statistics for this table have been provided by the Rheumatic Fever Committee of the Royal College of Physicians).

Notification Area	Registrar General's estimate of Child Population 0—14 years	Total Notified Cases	Classification of Notified Cases			
			Acute Rheumatism	Chronic Rheumatic Heart Disease	Not Rheumatism	Not Classified
Bristol C.B.	95,980	32	26	—	6	—
Sheffield C.B.	114,060	91	71	1	11	8
Lincs. (parts of Lindsey), Grimsby C.B. and Lincoln C.B.	108,860	50	44	3	3	—
TOTAL	318,900	173	141	4	20	8

TABLE XII.—*Notifications of Acute Rheumatism in Sheffield, Years* 1947-1950.

1947 (from Oct. 1st)	1948	1949	1950	Total Notifications
71 (65)	143 (116)	52 (44)	91 (72)	357 (297)

Figures in brackets represent number confirmed out of the total notifications.

TABLE XIII.—*Classification of the cases notified in Sheffield by Age, Sex, Clinical details, etc., Years* 1947-1950.

CLINICAL CLASSIFICATION OF RHEUMATIC CASES	AGE IN YEARS								Total all ages		Total Notifications
	0—4		5—9		10—14		15+				
	M	F	M	F	M	F	M	F	M	F	
1. Rheumatic pains and/or Arthritis without heart disease—											
1947	1	—	1	2	2	1	—	1	4	4	8
1948	—	—	3	2	5	6	—	—	8	8	16
1949	—	—	1	4	4	4	—	—	5	8	13
1950	1	—	2	2	4	3	—	—	7	5	12
TOTAL, 1947—1950 ...	2	—	7	10	15	14	—	1	24	25	49
2. Rheumatic Heart Disease (active)— (*a*) with polyarthritis—											
1947	—	—	4	3	2	5	—	—	6	8	14
1948	—	—	6	3	7	8	—	—	13	11	24
1949	—	—	5	6	5	2	—	—	10	8	18
1950	1	—	11	12	10	8	—	—	22	20	42
TOTAL, 1947—1950 ...	1	—	26	24	24	23	—	—	51	47	98
(*b*) with chorea—											
1947	—	—	—	2	—	4	—	—	—	6	6
1948	—	—	2	1	1	3	—	—	3	4	7
1949	—	—	—	—	1	—	—	—	1	—	1
1950	—	—	1	4	—	1	—	—	1	5	6
TOTAL, 1947—1950 ...	—	—	3	7	2	8	—	—	5	15	20
(*c*) with other rheumatic manifestation—											
1947	—	—	2	1	1	5	—	1	3	7	10
1948	—	—	1	7	4	3	—	—	5	10	15
1949	—	1	—	2	1	—	—	—	1	3	4
1950	—	—	2	1	—	—	—	—	2	1	3
TOTAL, 1947—1950 ...	—	1	5	11	6	8	—	1	11	21	32
3. Rheumatic Heart Disease (Quiescent)—											
1947	—	—	2	—	10	9	—	—	12	9	21
1948	—	—	5	4	13	21	2	1	20	26	46
1949	—	—	—	—	1	1	—	—	1	1	2
1950	—	—	—	—	1	—	—	—	1	—	1
TOTAL, 1947—1950 ...	—	—	7	4	25	31	2	1	34	36	70
4. Rheumatic Chorea (alone)—											
1947	—	—	1	1	2	2	—	—	3	3	6
1948	1	—	2	3	—	2	—	—	3	5	8
1949	—	—	1	1	1	3	—	—	2	4	6
1950	—	—	3	1	3	1	—	—	6	2	8
TOTAL, 1947—1950 ...	1	—	7	6	6	8	—	—	14	14	28

(Note the large number of quiescent cases notified during 1947—1948 and the tailing off during 1949—50).

TABLE XIV.—*Result of Investigation of Social Conditions, etc., in Sheffield, in Relation to Acute Rheumatism.*

1. **Housing.**

CONDITION	1950 (72 cases)	1949 (44 cases)	1948 (116 cases)	Average 1948—50	Controls (352)
Back to back ...	5 (6·94%)	4 (9·09%)	13 (11·21%)	9·48%	29 (8·24%)
Condemned ...	9 (12·50%)	5 (11·36%)	15 (12·93%)	12·50%	33 (9·37%)
Poor Structure ...	3 (4·16%)	1 (2·27%)	12 (10·34%)	6·89%	29 (8·24%)
Damp ...	15 (20·82%)	7 (15·91%)	27 (23·27%)	21·12%	72 (20·45%)
Overcrowded ...	10 (13·84%)	4 (9·09%)	12 (10·34%)	11·20%	26 (7·39%)
Dirty ...	8 (11·11%)	12 (27·27%)	18 (15·52%)	16·38%	75 (21·31%)

2. Social Status.

Social Class	1950	1949	1948	Average 1948-50	Controls
I	—	—	1 (0·86%)	0·43%	4 (1·14%)
II	2 (2·77%)	1 (2·27%)	1 (0·86%)	1·72%	17 (4·83%)
III	42 (58·33%)	24 (54·54%)	53 (45·69%)	51·29%	185 (52·56%)
IV	12 (16·66%)	7 (15·91%)	30 (25·86%)	21·12%	70 (19·89%)
V	10 (13·91%)	6 (13·63%)	22 (18·96%)	16·38%	58 (16·48%)
Others	6 (8·33%)	6 (13·63%)	9 (7·76%)	9·06%	18 (5·11%)

3. Family Income (minus rent) per head.

Income	1950	1949	1948	Average 1948-50	Controls
5/- to 10/- ...	... —	—	2 (1·72%)	0·86%	1 (0·28%)
10/- to 15/-...	... 4 (5·55%)	—	9 (7·76%)	5·60%	11 (3·12%)
15/- to £1 ...	... 7 (9·72%)	5 (11·36%)	26 (22·41%)	16·38%	55 (15·62%)
£1 to 30/- ...	... 26 (36·11%)	17 (38·64%)	43 (37·07%)	37·07%	135 (38·35%)
30/- and over	... 30 (41·66%)	21 (47·73%)	34 (29·31%)	36·63%	147 (41·76%)
Not known...	... 5 (6·96%)	1 (2·27%)	2 (1·72%)	3·46%	3 (0·85%)

4. Employment of Mother.

Employment of Mother	1950	1949	1948	Average 1948-50	Controls
Full-time	10 (13·88%)	9 (20·45%)	14 (12·01%)	14·22%	39 (11·08%)
Part-time	13 (18·05%)	9 (20·45%)	25 (21·55%)	20·26%	57 (16·19%)
None	49 (68·07%)	25 (56·82%)	75 (64·65%)	64·22%	253 (71·87%)
Mother dead, etc. ...	—	1 (2·27%)	2 (1·72%)	1·30%	3 (0·85%)

TABLE XV.—*Family History of Rheumatism in the families of the Cases and Controls.*

Family History of Cases of Acute Rheumatism (309)				Family History of Control Series (355)			
	No. at risk	No. of cases	Percentage		No. at risk	No. of cases	Percentage
Father	309	25	8·0	Father	355	11	3·1
Father's father	309	9	2·9	Father's father	354	3	0·8
,, mother	309	9	2·9	,, mother	354	6	1·7
Mother	309	44	14·2	Mother	355	26	7·3
Mother's father	309	12	3·8	Mother's father	355	4	1·1
,, mother	309	28	9·0	,, mother	355	14	3·9
Father's brothers	643	13	2·0	Father's brothers	754	8	1·1
,, sisters	614	15	2·4	,, sisters	708	16	2·3
Mother's brothers	641	21	3·2	Mother's brothers	760	18	2·4
,, sisters	565	31	5·4	,, sisters	792	34	4·3
Patient's brothers	330	15	4·5	Patient's brothers	344	14	4·1
,, sisters	350	18	5·1	,, sisters	307	12	3·9

It will be noticed that in all cases the incidence of rheumatism in the families of the cases was greater than in the controls, lending strength to the argument that a hereditary tendency to rheumatic disease is of greater importance than an unsuitable environment. It is interesting to note, by reference to the following sections of this table, that a history of acute rheumatism was found more frequently among the female relatives of both the " cases " and the " controls " than among their male relatives, but it must not be forgotten that the majority of the case histories were obtained from the mothers, who would be far more likely to know details of their own than of their husband's families.

MALE.

Male Relatives	Number at risk in " Rheu." families	Cases	CONTROLS	
			Number at risk in " Rheu." families	Cases
Father	309	25	355	11
Father's father	309	9	355	3
Mother's father	309	12	355	4
Father's brothers	643	13	754	8
Mother's brothers	641	21	760	18
Patient's brothers	330	15	344	14
TOTAL	2,541	95 (3·74%)	2,923	58 (1·88%)

FEMALE.

Female Relatives	Number at risk in " Rheu." families	Cases	CONTROLS	
			Number at risk in " Rheu." families	Cases
Mother	309	9	356	6
Father's mother	309	44	355	26
Mother's mother	309	28	355	14
Father's sisters	614	15	708	16
Mother's sisters	565	31	792	34
Patient's sisters	350	18	307	12
TOTAL	2,456	145 (5·9%)	2,873	108 (3·76%)

Amongst the selected controls (a total of 372) 17 controls were excluded as there was a suggestion that the child had suffered from Rheumatism. Although these 17 cases were excluded from the investigation into heredity they were included in the survey of social conditions.

MATERNITY AND CHILD WELFARE

(Care of Mothers and Young Children)

In the administration of the Maternity and Child Welfare Services there were three principal Municipal clinics at 31st December, 1950, these being the City Maternity and Child Welfare Centre at Orchard Place and the Firth Park and Manor Centres. At the end of the year, there were also 17 subsidiary Centres located at suitable points so that, as far as was practicable, they covered the extent of the City. This is an increase of two clinics on 1949.

The total number of children under five years of age attending the various clinics has been maintained in 1950, the number being 15,580 in 1950 as compared with 15,583 in 1949. Details of attendances at the various clinics are shown in the appropriate section of the report.

An aggregate of 5,712 women attended during the year at the ante-natal clinics provided at these Maternity and Child Welfare Centres. This compares with an aggregate of 6,474 in 1949.

There is also an ante-natal clinic at the City General Hospital administered by the Regional Hospital Board. When arrangements have been made for an expectant mother to have her confinement in this hospital, her records are transferred to the ante-natal clinic there about the 36th week of pregnancy, and her continued ante-natal care is the responsibility of the medical staff at the Hospital. In certain cases, where there is medical or obstetrical abnormality present requiring ante-natal treatment, the patient is transferred to the City General Hospital early in pregnancy. The Hospital and the Maternity and Child Welfare Centre work together as a unit in the care of expectant mothers, and cases defaulting in attendance at the hospital or for some reason requiring to be followed up are referred back to the Centre. The 1950 figures of attendances at the Council's clinics included 951 women whose confinements were arranged to take place in the City General Hospital, as compared with 1,285 women during 1949. The fall in the numbers is due to the City General Hospital reducing the number of patients they could accept from the Maternity and Child Welfare Centre, and to the lower birth rate. In addition there is an ante-natal clinic at the Jessop Hospital for Women.

There is a great demand for hospital confinement on account of the facilities provided in hospital as compared with the difficulties of having confinement at home, especially when living in rooms, and the difficulty of getting a relative or friend to assist in the home during the puerperium ; also the hospital gives to many patients a greater sense of confidence in facing a confinement.

Patients who arrange for home confinement and engage the services of a Municipal Midwife continue attendance at one of the Corporation ante-natal clinics. In each case, the midwife is furnished with a copy of the patient's ante-natal notes following her clinic medical examination, and, on each subsequent visit, a report on the patient's progress is forwarded to the midwife. After the confinement, the midwife returns the patient's notes to the Centre, together with a report on the condition of mother and baby at the confinement and during the puerperium. This information is of value to the clinic on the re-attendance of a patient in subsequent pregnancies. Towards the end of the year the midwives were beginning to attend the ante-natal clinic sessions preparatory to further developments in the scheme of midwives and ante-natal care. It is considered that the midwives should take an active part in the ante-natal care of their own cases and arrangements are being made for sessions to be provided for them in the centres.

Many expectant mothers are sent to the clinic by their registered medical practitioners for ante-natal supervision, and co-operation between the medical practitioner and the clinic is maintained by informing him, or referring the case to him, when any of his patients develop abnormalties, such as toxæmia of pregnancy, pyelitis of pregnancy, breech presentation, multiple pregnancies, or non-satisfactory engagement of head in the pelvis. The medical practitioner is informed of all cases where the patient has a Rhesus negative report, and he is also supplied with reports in certain other Rhesus abnormalities. It is the intention to integrate the whole of the aspects of Care of the Mother into the best arrangement so as to give the maximum assistance to the mother and the midwife or doctor who is responsible for the actual confinement.

The following statement, which has been furnished by the Sheffield Regional Hospital Board, gives information with regard to confinements of Sheffield women, which took place in 1950 in the Maternity Hospitals which have been transferred from the administration of the City Council to that of the Board. Information is also included which has been furnished by the Jessop Hospital.

Year 1950	City General Hospital	Nether Edge Hospital	Jessop Hospital for Women
Number of women whose confinements took place in the hospital.. ..	1,394	892	1,269
Number of live births resulting from these confinements	1,384	888	1,242
Number of still births resulting from these confinements	41	16	47

NOTIFICATION OF BIRTHS.

Compulsory notification of births is a requirement under the Public Health Act, 1936. Notifications of 7,888 live births and 195 still births, making a total of 8,083 births, were received in the year 1950. These births were attended as follows :—

At Home—		
By Private Medical Practitioners	1,668	
By Midwives	1,879	
		3,547
In Nursing Homes		392
In Hospitals—		
City General Maternity Hospital	1,489	
Nether Edge Maternity Hospital	926	
Jessop Hospital for Women	1,727	
Royal Hospital	2	
		4,144
		8,083

It should be explained that the obligation to notify applies to all births occurring in the City, whether amongst Sheffield residents or otherwise, and that the foregoing figures, therefore, contain a certain proportion of births relating to cases where the mother was only temporarily resident in the City, hence the discrepancy between the numbers shown above and those appearing elsewhere in the Report.

During the year there has been a general fall in the birth rate, the number of notified births in 1950 being 8,083 as compared with 8,807 in 1949. Since the National Health Service came into force there has been a growing tendency for expectant mothers to engage their own medical practitioners for confinement, and although there is a decrease in the number of births, the medical practitioners have maintained their numbers. It is now possible for each confinement to be undertaken or supervised by a doctor free of charge. This is a matter which has been felt to be desirable for many years, and it is the aim of the ante-natal clinic to reinforce and assist the doctor to give the maximum care to the mother.

MATERNITY CLINICS.

By Ann Kirk Black, M.B., Ch.B.

Senior Assistant Maternity and Child Welfare Medical Officer.

Ante-natal Clinics.—Ante-natal sessions are held at nine of the Maternity and Child Welfare Centres and, during the year, 2,134 sessions were held and patients made 32,552 attendances (giving an average of 15·3 per session), as compared with 37,494 in 1949. A total of 4,420 women attended for the first time, as compared with 4,964 in 1949. This decline in both patients and attendances is due to the reduction in the number of births, to more patients being attended by the general practitioner, and to certain cases being sent to hospital by the medical practitioners.

Expectant mothers attending the clinics are recommended for admission to the maternity units at the City General and Nether Edge Hospitals, in accordance with arrangements made with the Sheffield Regional Hospital Board. First priority is given to patients who require admission on medical and obstetric grounds ; consideration is then given to patients for whom admission is requested on sociological grounds. The Health Visitors and Midwives give assistance in the determination of need for hospital treatment on sociological grounds by visiting the homes, and reporting on the suitability of the house for confinement arrangements. There is close association between the two hospitals and the Council's ante-natal clinics with regard to the admission of patients, both for treatment of ante-natal conditions which arise while patients are under the care of the clinic, and for confinement.

Many of the expectant mothers request the services of a Municipal Midwife who attends either in the capacity of midwife or maternity nurse. Where she attends as midwife her duty is to carry through the confinement herself unless she has need to call a medical practitioner because of abnormalities arising in connection with the confinement, as set out in the Rules of the Central Midwives' Board. If the midwife is engaged as maternity nurse she acts under the direction of the medical practitioner engaged, and he is responsible for the case. In 1950 there were 1,830 cases delivered by the Municipal Midwives in the capacity of midwife as against 2,394 in 1949 ; and 1,256 patients were attended as maternity nurse cases as against 1,167 in 1949. Details are given, in the section of the report dealing with midwives, regarding engagement of Municipal Midwives and also of their work.

It has been the practice, at the Maternity and Child Welfare Centre ante-natal clinics, for a Health Visitor to be in attendance with the Medical Officer at the examination of patients, but, in order to give the Municipal Midwives all the experience possible in ante-natal work, arrangements have been made for the midwives to attend ante-natal sessions, in rota, in the afternoons, in place of Health Visitors. It is only possible to arrange for attendance in the afternoons as the midwives are out visiting their cases in the mornings. This scheme is working well and should prove of value as an additional link between the district midwife, the clinic and the patient.

Ante-natal patients attending the clinic are always under the supervision of a doctor.

The figures below show attendances at the various Centres, and include certain cases later transferred to the ante-natal clinic at the City General Hospital.

Attendances at Ante-Natal Clinics.

Centre	Total New Cases	Total Attendances of all Cases	† No. of Sessions	Average Attendances per Session
Orchard Place	3,739	15,290	926	17
Firth Park	345	5,206	348	15
Manor	336	4,498	245	18
Woodhouse	—	356	49	7
Carbrook	—	2,399	155	15
Abbeydale	—	1,306	151	9
Hillsborough	—	3,182	201	16
Tinsley	—	215	49	4
Darnall	—	100	10	10
	4,420	32,552	2,134	15·3

† In certain instances these are part sessions only, relating to combined ante-natal and infant welfare clinics.

Comparative figures of new cases and attendances at the ante-natal clinics at the Maternity and Child Welfare Centres during the last five years are given in the following statement :—

Year.	New Cases.	Total Attendances of all Cases.
1946	7,736	55,975
1947	6,968	51,475
1948	6,041	49,405
1949	4,964	37,494
1950	4,420	32,552

The fall in this figure is mainly due to the growing tendency for expectant mothers to engage their private medical practitioner for ante-natal supervision and confinement since the inauguration of the National Health Service, and also to the falling birth rate.

Post-natal Clinics.—During the year every effort has been made to encourage mothers to attend the post-natal clinics. Patients leaving Nether Edge Hospital after confinement are given information as to the days and times of the clinics held at the Maternity and Child Welfare Centres, and advised regarding the value of post-natal examination six weeks after the confinement. The midwives also invite their patients to attend one of these clinics for examination. The attendances in 1950 were 1,071, which is an increase over the previous year, the attendances for 1949 being 936. Patients delivered in the City General Hospital are not invited to attend the Maternity and Child Welfare Centre Post-natal Clinic as the hospital provides for post-natal supervision. Medical practitioners are now required to give this service to their patients about the sixth week after confinement.

Particulars follow relating to the attendances at post-natal clinics at the Maternity and Child Welfare Centres during 1950 :—

ATTENDANCES AT POST-NATAL CLINICS.

Centre	Total New Cases	Total Attendances of all Cases	No. of Sessions
Orchard Place	661	1,034	56
Firth Park	177	198	54
Manor	233	296	55
TOTALS	1,071	1,528	165

Birth Control Clinic.—Six new cases attended the Birth Control Clinic during the year, and ten attendances were made.

Laboratory Tests.—It is part of the routine work of the ante-natal clinics to take samples of blood from all patients for the Wassermann and Rhesus tests.

Wassermann tests are carried out at the Public Health Laboratory, and, during the year, 4,393 specimens were examined. In addition, 118 Kahn tests were carried out. There were 10 new cases of expectant mothers with a positive Wassermann result, as compared with 26 in 1949. In these cases, treatment was arranged as early as possible in order to give the mother every chance of having a healthy baby. In certain of the positive cases, a sample was also taken from the husband, and where this proved positive, treatment at a special clinic was arranged.

The Rhesus Factor.—Everyone belongs to one of the four blood groups, namely : A, B, O or AB, and this is due to the presence of certain substances in the red blood cells. In addition, there is another substance, known as the Rhesus Factor, which is found in the red blood cells of approximately 85 of every 100 persons of each blood group. Such people are said to be Rhesus positive, while the remaining 15 persons are described as Rhesus negative.

The existence of the Rhesus factor in the blood was first discovered in 1941. These factors are inherited from parents in a similar manner to the inheritance of the colour of the eyes and hair.

When a mother requires blood transfusion, it is essential that compatible blood be given—which means that the blood donor must be of the same blood group and Rhesus type as the mother.

The Rhesus factor is of importance in midwifery. If the mother and father are both Rhesus negative, any child born can only be Rhesus negative and no difficulty arises. If the mother is Rhesus positive and the father is Rhesus negative, then the child suffers no ill effect; but, if the mother is Rhesus negative and the father Rhesus positive, the child may be Rhesus positive, and difficulty may occur. The effect in this case is that incompatible substances may be manufactured by the mother, because of the action of the Rhesus positive factor in the blood of the fœtus, and these incompatible substances may then pass from the mother to the child and destroy the child's blood corpuscles—giving rise to a very severe type of anæmia and dropsy in the baby.

A similar type of difficulty may arise if a Rhesus negative mother is transfused with Rhesus positive blood. The resulting antibodies may affect a child of a subsequent pregnancy.

When a " Rhesus baby " is born and is found to be suffering from anæmia or jaundice, an exchange transfusion of blood is given; a measured volume of blood is drained from the cord and immediately replaced with Rhesus negative blood obtained from a Rhesus negative blood donor.

During the year 1950 there were 3,992 specimens of blood sent from the ante-natal clinics to the National Blood Transfusion Laboratory for the ascertainment of the Rhesus factor. These samples were mostly from expectant mothers, but in a number of negative cases a sample was sent from the husband, and, in a few special cases, from various members of the family, for research purposes.

In multiparous cases with a negative Rhesus factor, a further sample is required by the Blood Transfusion Laboratory at about the 32nd week of pregnancy, and, in a number of these cases, another sample is required from mother and baby on delivery. The district midwives have received instructions in the collection of these samples during attendance at confinement.

All expectant mothers are supplied with cards showing their blood grouping and Rhesus factor so that, on admission to hospital at any time, they can supply the hospital with information which would be of value in case of need for blood transfusion.

There were 671 Rhesus negative reports on patients who were due for confinement in 1950 and who, at some time during their pregnancy, had attended the ante-natal clinic. 25 of these Rhesus negative cases (or 3·7 per cent.) had an antibody present which necessitated hospital confinement on account of the possibility of the baby suffering from hæmolytic disease of the newborn. All these patients had normal confinements. 23 of the 25 mothers had full-time confinements and two had premature confinements. There were 22 children born alive and three were stillborn. Of the 22 children born alive, two died of hæmolytic disease of the newborn. Of the 20 remaining children, five received blood transfusions and the condition of the other 15 was satisfactory and blood transfusion was not required. All 20 children were discharged well.

Miscellaneous Tests.—The Public Health Laboratory carried out further tests as required in connection with clinic work relating to the care of mother or child, namely: examination of 138 swabs and samples (ear, nose, throat, etc.) and 20 smears (cervix and urethra); 69 specimens of urine were examined for organisms.

The Laboratory at the Firth Auxiliary Hospital, Norton, also carried out 47 Zondek Ascheim tests for ascertainment of pregnancy.

Maternity Patients and Hospital Treatment.—In addition to patients sent to the City General and Nether Edge Maternity Hospitals for ante-natal treatment when necessary, and for confinement, two patients were referred from the Maternity and Child Welfare Centres to the Royal Hospital, and 11 to the Royal Infirmary for investigation, 54 were sent to the Chest Clinic for examination of the chest, and 307 to the City General Hospital or Nether Edge Hospital for X-ray examination. There were also 566 who were sent from the Centres for dental treatment, the majority to the School Dental Clinic under arrangements between the Health and Education Committees, but, in emergency, a few to the Royal Hospital Dental Clinic.

In addition to the 54 patients referred to the Chest Clinic for X-ray, a number of positive or quiescent cases of tuberculosis were referred to the Centre by Dr. Turner, of the Chest Clinic, on account of possible pregnancy.

Of the chest cases dealt with, five were quiescent tuberculous cases and one was tuberculosis negative. Of these patients, three had normal confinements in hospital and three had normal confinements at home.

Expectant Mothers—Care of Children.—This scheme was commenced in November, 1935, and provided for the admission of young children to the Sheffield Children's Homes in cases where there was difficulty in making other arrangements for the children during the confinement and lying-in period of the mother, or where the mother was to be admitted to hospital for ante-natal treatment.

At the end of September, 1950, this service was entirely undertaken by the Department of the Children's Officer, and all enquiries regarding admission of children to the Homes are now referred to that Department.

From 1st January to 30th September, 1950, there were 18 children from 13 families admitted to the Homes under the earlier arrangement.

In certain cases where it was impossible to admit children to the Homes, or where the provision of care was required for day time only, arrangements were made with the matrons of the Council's nurseries for the admission of children to the various nurseries. This scheme was of great assistance in many cases, and relieved the anxiety of the mother regarding the care of her children while the father was at work.

Special Certificates for Expectant Mothers.—During the year 1950, the supply of certificates to enable expectant mothers to obtain the priorities ration book was continued.

INFANT WELFARE CLINICS.

At the present time, there are 20 Maternity and Child Welfare Centres operating in the city. The three main Centres are :—the Central Clinic, Orchard Place ; the Firth Park Centre, North Quadrant ; and the Manor Centre, Ridgeway Road. The remaining 17 Centres are improvised premises, nine of which are in Church buildings, two are accommodated in the City Libraries at Hillsborough and Walkley, two share premises with Nursing Associations, and one with a Youth Centre, one is in rooms rented from a Co-operative Society, one is a house belonging to the Corporation, which has been adapted for clinic purposes, and the remaining clinic is held in a Toc H Centre.

As the need arises for additional clinics, premises are sought and arrangements made to provide the necessary service. The last two Centres, which were opened on the 6th and 7th December, 1950, respectively, provide for the Wybourn and Burngreave districts.

The days and times of opening are as follows :—

Centre.	Clinic Days and Times.	Services provided.
Orchard Place	Daily 9 a.m. and 1.30 p.m. (except Saturday afternoon)	Infant and Orthopædic Consultations. Minor Ailments and Ear clinics. Sunray and Massage clinics. Diphtheria Immunisation and Vaccination sessions. Ante-natal, post-natal and Birth Control clinics.
Firth Park	Do.	Infant and Orthopædic Consultations. Medical Inspection of pre-school children. Minor Ailments and Ear clinics. Sunray and massage clinics. Diphtheria Immunisation and Vaccination sessions. Ante-natal and post-natal clinics.
Manor	Do.	Infant and Orthopædic Consultations. Medical Inspection of pre-school children. Minor Ailments and Ear clinics. Sunray and massage clinics. Diphtheria Immunisation and Vaccination sessions. Ante-natal and post-natal clinics.
Hillsborough	Monday 2 p.m. Tuesday } 9.30 a.m. and 2 p.m. Thursday } 9.30 a.m. and 2 p.m.	Infant Consultations. Medical Inspection of pre-school children. Diphtheria Immunisation sessions. Ante-natal clinics.

Centre.	Clinic Days and Times.	Services provided.
Carbrook	Wednesday 9.30 a.m. and 2 p.m. Friday 9.30 a.m.	Infant Consultations. Medical Inspection of pre-school children. Diphtheria Immunisation sessions. Ante-natal clinics.
Abbeydale	Monday 2 p.m. Wednesday 9.30 a.m. and 2 p.m. Friday 2 p.m.	Do.
Woodhouse	Tuesday Thursday } 2 p.m.	Do.
Tinsley	Tuesday 2 p.m.	Do.
Darnall	Monday Tuesday Friday } 2 p.m.	Do.
Walkley	Monday Wednesday Friday } 2 p.m.	Infant Consultations. Medical Inspection of pre-school children. Diphtheria Immunisation sessions.
Handsworth	Tuesday Friday } 2 p.m.	Do.
Chantrey	Wednesday 9.30 a.m. and 2.p.m.	Do.
Totley	Thursday 2 p.m.	Do.
Broomhill	Thursday 9.30 a.m. and 2 p.m.	Do.
Endcliffe	Tuesday 9.30 a.m. and 2 p.m. Friday 2 p.m.	Do.
Wordsworth Drive	Monday 9.30 a.m. Wednesday 9.30 a.m. and 2 p.m.	Do.
Dore	Thursday 9.30 a.m. (alternate weeks)	Do.
Greenhill	Monday 2 p.m.	Do.
Wybourn	Wednesday 2 p.m.	Infant Consultations. Diphtheria Immunisation sessions.
Burngreave	Thursday 2 p.m.	Do.

Infant consultations are held whenever the clinics are open, except on Saturday mornings ; diphtheria immunisation is also carried out whenever the clinics are open, including Saturday mornings. Sessions for the other services are held on appropriate days and times.

At the infant clinics, every baby is seen by the doctor on the first attendance. At several of the centres there is a doctor in attendance at the ante-natal session and a health visitor at the infant session, and the health visitor refers to the doctor all babies attending for the first time and any who are not making satisfactory progress. The other children attending the health visitor's session are seen by the doctor periodically.

At the centres where there is no ante-natal session, a doctor is in attendance for the supervision of the babies.

Attendances at Infant Clinics.—During the year various sessions have been held at the Infant Welfare Centres, *e.g.*, Infant consultations, at which doctors and health visitors are in attendance ; sessions for minor ailments, and for the administration of ultra violet light to children referred from the infant clinics ; medical inspection clinics for pre-school children, which are proving popular with the mothers ; medical inspection of children from the Health Committee's day nurseries during or following periods of exclusion from the nurseries owing to an infectious condition. In addition to child welfare sessions, Dr. C. Lee Pattison, Orthopædic Specialist and Superintendent of King Edward VII Hospital, who is in the service of the Sheffield Regional Hospital Board, holds sessions for orthopædic consultations and treatment at the three main Centres, namely, Orchard Place, Firth Park and Manor Centres.

The total attendances at all these clinics during 1950 were 114,938, and the figure is made up as follows :—

	Attendances.
Infant Consultations	80,555
Minor Ailments and Ultra Violet Light Sessions	25,400
Medical Inspection clinics	4,717
Medical Inspection of Nursery Children	150
Orthopædic consultations	1,400
Orthopædic treatment clinics	2,716
	114,938

In addition there were 6,549 attendances at the Diphtheria Immunisation clinic and 1,326 attendances at the Vaccination clinic.

Infant Consultations.—Particulars follow of the attendances at the Infant Consultations which were held at the various clinics in the year 1950 :—

ATTENDANCES AT INFANT CONSULTATIONS.

Centre.	Infant Consultations. Under 1 yr.	Infant Consultations. 1 to 5 yrs. and over	Total Attendances	Number of Sessions	Average Attendance per Session
Orchard Place	8,581	2,748	11,329	614	18
Firth Park	12,272	4,837	17,109	683	25
Manor	7,855	3,562	11,417	534	21
Woodhouse	1,136	271	1,407	105	13
Handsworth	1,411	276	1,687	87	19
Carbrook	2,954	457	3,411	170	20
Abbeydale	3,462	1,533	4,995	274	18
Walkley	2,647	919	3,566	208	17
Hillsborough	5,576	1,426	7,002	296	24
Chantrey Road	1,654	546	2,200	115	19
Totley	823	208	1,031	52	20
Endcliffe	2,445	718	3,163	149	21
Broomhill	1,867	689	2,556	112	23
Tinsley	868	160	1,028	53	19
Wordsworth Drive	2,763	388	3,151	153	21
Dore	219	120	339	26	13
Darnall	3,278	398	3,676	138	27
Greenhill	961	362	1,323	80	17
*Burngreave	95	8	103	6	17
*Wybourn	54	8	62	4	15
TOTALS	60,921	19,634	80,555	3,859	20·9

* New Centres opened December, 1950.

New Cases attending Infant Consultations.—5,338 new cases attended during the year 1950 at the Infant Consultations, as shown below. The 316 new cases attending the Orthopædic Consultations Clinics, as shown in a later statement, are not included in these figures, since the great majority are cases transferred from Infant Consultations.

NEW CASES ATTENDING INFANT CONSULTATIONS.

Centre.	Under 1 yr.	Over 1 yr.	Totals.
Orchard Place	1,019	70	1,089
Firth Park	914	54	968
Manor	728	37	765
Woodhouse	97	6	103
Handsworth	89	2	91
Carbrook	260	6	266
Abbeydale	279	9	288
Walkley	169	5	174
Hillsborough	466	15	481
Chantrey Road	113	3	116
Totley	53	2	55
Endcliffe	179	18	197
Broomhill	135	4	139
Tinsley	58	3	61
Wordsworth Drive	201	4	205
Dore	16	2	18
Darnall	220	4	224
Greenhill	74	1	75
*Burngreave	15	—	15
*Wybourn	8	—	8
TOTALS	5,093	245	5,338

* These Clinics were opened December, 1950.

Medical Inspection Clinics.—At Firth Park and Manor Centres the Medical Inspection clinic has proved a great asset to Child Welfare work and during the year there has been a special effort to make this service available at all clinics. This has been accomplished with the exception of three centres at which the service commenced at the beginning of January, 1951. The date of the commencement of the service at each clinic is shown in the tables which follow the text.

A record is kept of all children who have attended any of the clinics and, as near as possible to the child's second, third, and fourth birthdays, and again between 4½ and 5 years of age, the mother is invited to attend with the child for full medical inspection.

The attendances for 1950 are given below :—

Centre.	Total attendances.	No. of sessions.	*Average attendance per session.
Firth Park	1,800	115	16
Manor	1,569	103	15
Woodhouse	190	46	4
Handsworth	162	42	4
Carbrook	21	5	4
Abbeydale	28	8	3
Walkley	300	60	5
Hillsborough	67	13	5
Chantrey	252	64	4
Totley	7	3	2
Endcliffe	28	5	6
Broomhill	182	28	6
Tinsley	14	6	2
Wordsworth Drive	25	11	2
Dore	4	2	2
Darnall	16	7	2
Greenhill	52	18	3
	4,717	536	9

* These clinics are combined with the Infant Consultations.

The classification of cases attending the Medical Inspection Clinics was commenced at the beginning of May, 1950, therefore, only 3,489 of the 4,717 cases are in the following tables.

TABLE XVI.—*Summary of* 3,489 *Medical Inspections of Children aged two to five years carried out from May to December*, 1950, *classified according to Age-groups, Sex and Standard of Nutrition.*

CENTRE	Sex	Number of Medical Inspections Carried out.																Total
		Nutrition Standard at Specified Age-groups.												At All Ages				
		2—3 years				3—4 years				4—5 years								
		Very Good	Good	Fairly Good	Poor	Very Good	Good	Fairly Good	Poor	Very Good	Good	Fairly Good	Poor	Very Good	Good	Fairly Good	Poor	
Orchard Place	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Firth Park	M	25	112	12	20	34	80	23	9	29	114	32	10	88	306	67	39	500
(Commenced 1/5/50)	F	23	107	15	33	17	84	23	10	22	110	40	16	62	301	78	59	500
Manor	M	19	139	18	12	24	129	19	8	43	147	12	8	86	415	49	28	578
(Commenced 1/5/50)	F	24	115	27	11	18	116	13	4	46	170	13	6	88	401	53	21	563
Woodhouse	M	15	16	5	—	10	22	5	1	17	9	6	1	42	47	16	2	107
(Commenced 9/5/50)	F	12	17	5	1	5	19	6	—	4	6	7	1	21	42	18	2	83
Handsworth	M	9	4	2	—	11	18	7	—	17	6	3	1	37	28	12	1	78
(Commenced 9/5/50)	F	12	4	3	—	8	24	1	—	15	12	3	2	35	40	7	2	84
Carbrook	M	1	2	2	—	1	—	1	—	2	1	1	—	4	3	4	—	11
(Commenced 1/12/50)	F	—	3	—	—	—	2	2	—	—	1	2	—	—	6	4	—	10
Abbeydale	M	6	1	—	—	2	—	—	—	6	—	—	—	14	1	—	—	15
(Commenced 27/11/50)	F	4	—	—	—	3	—	—	—	6	—	—	—	13	—	—	—	13
Walkley	M	29	25	2	—	19	25	11	—	19	21	8	—	67	71	21	—	159
(Commenced 24/5/50)	F	17	21	14	—	14	24	8	—	12	22	8	1	43	67	30	1	141
Hillsborough	M	4	4	1	—	3	11	1	—	2	9	3	—	9	24	5	—	38
(Commenced 10/11/50)	F	1	6	3	—	—	4	1	—	2	9	3	—	3	19	7	—	29
Chantrey Road	M	15	25	7	1	11	24	5	2	6	22	10	1	32	71	22	4	129
(Commenced 10/5/50)	F	6	27	2	1	9	26	3	2	7	27	12	1	22	80	17	4	123
Totley	M	1	3	—	—	—	—	—	—	—	—	—	—	1	3	—	—	4
(Commenced 23/11/50)	F	—	2	—	—	—	1	—	—	—	—	—	—	—	3	—	—	3
Endcliffe	M	3	—	—	1	3	2	—	—	—	2	2	—	6	4	2	1	13
(Commenced 21/11/50)	F	1	4	2	—	—	4	—	—	1	3	—	—	2	11	2	—	15
Broomhill	M	2	24	3	—	3	25	3	—	3	18	6	3	8	67	12	3	90
(Commenced 15/6/50)	F	1	17	7	1	2	23	7	2	3	23	4	2	6	63	18	5	92
Tinsley	M	1	2	1	—	—	5	—	—	—	—	—	—	1	7	1	—	9
(Commenced 7/11/50)	F	—	1	1	—	1	2	—	—	—	—	—	—	1	3	1	—	5
Wordsworth Drive	M	—	3	1	—	1	4	1	1	1	2	2	—	2	9	4	1	16
(Commenced 18/11/50)	F	2	1	—	—	—	1	1	—	2	2	—	—	4	4	1	—	9
Dore	M	—	—	—	—	1	—	—	—	1	—	—	—	2	—	—	—	2
(Commenced 23/11/50)	F	—	—	1	—	—	—	—	—	1	—	—	—	1	—	1	—	2
Darnall	M	—	1	—	—	—	1	2	—	—	1	3	—	—	3	5	—	8
(Commenced 3/11/50)	F	—	—	—	—	—	1	5	—	—	1	—	1	—	2	5	1	8
Greenhill	M	1	12	5	1	2	6	2	—	—	2	1	—	3	20	8	1	32
(Commenced 14/8/50)	F	—	4	1	—	1	5	1	—	—	8	—	—	1	17	2	—	20
TOTALS	M	131	373	59	35	125	352	80	21	146	354	89	24	402	1,079	228	80	1,789
	F	103	329	81	47	78	336	71	18	121	394	92	30	302	1,059	244	95	1,700
GRAND TOTALS (Both Sexes)		234	702	140	82	203	688	151	39	267	748	181	54	704	2,138	472	175	3,489

The number of Medical Inspections carried out in each age-group was as follows :—

	2—3 yrs.	3—4 yrs.	4—5 yrs.
Males	598	578	613
Females	560	503	637
TOTAL	1,158	1,081	1,250

TABLE XVII.—*Summary of Defects in* 3,489 *Children classified under Sex and Age groups.*

Defects	All Clinics.							Full Total
	2—3 yrs.		3—4 yrs.		4—5 yrs.		Total	
	M	F	M	F	M	F	M & F	
Carious teeth—								
3 and under, carious	17	17	38	42	76	104	294	
4 and over, carious	18	11	40	33	102	79	283	577
Orthopædic conditions—								
Knock Knee—slight	14	13	56	37	64	39	223	
Do. marked	—	3	6	1	12	2	24	
Flat Foot	5	1	3	1	3	2	15	
Pronated Feet	4	3	9	2	8	5	31	
Deformity of Toes	—	—	1	—	—	4	5	298
Developmental Defects—								
Inguinal Hernia	1	—	1	—	—	1	3	
Umbilical Hernia	8	7	6	5	4	3	33	
Phimosis	15	—	10	—	11	—	36	
Hypospadias	1	—	1	—	1	—	3	
Nævus	1	7	—	1	—	2	11	
Miscellaneous	2	—	3	3	2	3	13	99
Organic diseases—								
Enlarged glands	22	26	51	27	46	50	222	
Thread worms	1	1	4	—	1	3	10	
Rickets	12	10	1	1	1	2	27	
Anæmia	6	5	4	4	3	2	24	
Bronchitis	5	—	6	7	1	3	22	
Asthma	—	1	—	—	5	—	6	
Tuberculosis	2	—	1	1	—	1	5	
Miscellaneous	5	3	1	—	4	3	16	332
Tonsils enlarged	20	24	81	40	83	78	326	326
Ears—								
Otorrhœa	—	2	3	4	1	2	12	
Otitis Media	3	2	1	3	—	2	11	
Deafness	—	—	—	—	—	1	1	24
Eyes—								
Blind	—	—	—	—	—	1	1	
Squint	14	6	7	12	13	9	61	
Ptosis of eyelid	1	—	—	1	—	—	2	
Conjunctivitis	1	1	—	1	—	—	3	
Blepharitis	2	2	1	—	2	1	8	
Miscellaneous	1	1	2	1	1	2	8	83
Cleanliness—								
Dirty body	—	2	1	4	1	2	10	
Dirty head	—	1	1	—	—	—	2	
Infested head	1	—	1	1	—	2	5	17
Enuresis	—	—	30	21	35	28	114	114
Genito-Urinary System—								
Albuminuria	1	1	—	1	—	2	5	5
Nervous System—								
Paresis (Infantile meningitis)	1	—	—	—	—	—	1	
Paralysis (following Poliomyelitis)	1	2	1	—	—	1	5	
Spastic Paraplegia	—	—	—	—	1	—	1	7
Mental Condition—								
Mongol	—	—	3	—	—	—	3	
Epilepsy	—	1	2	—	1	1	5	
Mentally backward	—	—	2	—	—	2	4	
Mentally defective	—	—	—	—	—	2	2	14
Heart and Circulation—								
Systolic murmur	6	3	4	3	9	4	29	
Congenital heart disease	—	2	1	—	—	—	3	32
Skin conditions—								
Eczema	3	9	3	3	2	2	22	
Dermatitis	3	—	—	—	3	—	6	
Ichthyosis	—	—	—	—	—	4	4	
Warts	1	1	1	—	1	—	4	
Pityriasis	—	—	1	—	—	1	2	
Dermoid Cyst	—	—	—	1	—	—	1	39
Injuries	1	2	—	—	1	—	4	4
Totals	199	170	388	261	498	455		1,971

TABLE XVIII.—*Summary of Defects in* 3,489 *Children,*

DEFECTS. Clinics opened :	Firth Park (1-5-50)	Manor (1-5-50)	Wood-house (9-5-50)	Hands-worth (9-5-50)	Car-brook (1-12-50)	Abbey-dale (27-11-50)	Walkley (24-5-50)	Hills-boro'. (10-11-50)
Teeth—								
Carious—3 and under ...	54	110	13	22	—	5	30	12
Do. 4 and over ...	33	106	18	16	1	2	51	5
Orthopædic—								
Knock Knee—slight ...	52	35	12	25	1	6	24	6
Do. marked ...	17	7	—	—	—	—	—	—
Flat Foot	3	2	1	—	—	1	—	3
Pronated Feet	2	27	—	—	—	—	1	1
Deformity of Toes	—	2	—	—	—	—	—	1
Developmental defects—								
Inguinal Hernia	2	1	—	—	—	—	—	—
Umbilical Hernia	4	21	2	—	—	—	—	1
Phimosis	9	14	1	5	—	—	1	2
Hypospadias	—	3	—	—	—	—	—	—
Nævus	—	2	1	2	—	—	—	—
Miscellaneous	2	5	2	—	—	—	1	2
Organic Disease—								
Enlarged glands	30	25	27	29	7	11	40	5
Thread worms	1	5	—	—	—	—	2	—
Rickets	9	11	1	—	—	—	2	—
Anæmia	5	13	1	—	—	—	2	—
Bronchitis	5	12	3	—	—	—	1	—
Asthma	3	3	—	—	—	—	—	—
Tuberculosis	3	1	—	1	—	—	—	—
Miscellaneous	3	2	—	3	—	—	—	—
Tonsils enlarged	51	96	30	20	2	3	34	7
Ears—								
Otorrhœa	1	4	2	—	—	—	1	—
Otitis media	—	8	—	—	—	1	1	—
Deafness	—	—	—	—	—	—	—	—
Eyes—								
Blind	1	—	—	—	—	—	—	—
Squint	11	14	7	2	3	5	8	2
Ptosis of eyelid	—	1	—	—	—	1	—	—
Conjunctivitis	—	2	1	—	—	—	—	—
Blepharitis	—	5	—	—	—	—	—	—
Miscellaneous	—	6	—	1	—	—	—	—
Cleanliness—								
Dirty body	2	4	—	2	—	—	1	—
Do. head	—	—	1	—	—	—	—	1
Infested head	—	5	—	—	—	—	—	—
Enuresis	8	43	3	5	—	—	17	8
Genito-Urinary System—								
Albuminuria	2	3	—	—	—	—	—	—
Nervous System—								
Paresis (Infantile meningitis)	1	—	—	—	—	—	—	—
Paralysis (following Poliomyelitis)	3	1	—	—	—	—	—	—
Spastic Paraplegia	1	—	—	—	—	—	—	—
Mental Condition—								
Mongol	1	—	1	1	—	—	—	—
Epilepsy	1	3	—	—	—	—	—	—
Mentally backward	—	2	—	—	—	—	1	—
Do. defective	—	2	—	—	—	—	—	—
Heart and Circulation—								
Systolic murmur	8	—	3	—	—	—	4	3
Congenital Heart Disease ...	2	—	1	—	—	—	—	—
Skin—								
Eczema	7	2	1	—	—	—	1	2
Dermatitis	—	2	—	1	—	1	1	—
Ichthyosis	—	4	—	—	—	—	—	—
Warts	—	2	—	2	—	—	—	—
Pityriasis	—	2	—	—	—	—	—	—
Dermoid Cyst	—	1	—	—	—	—	—	—
Injuries	—	4	—	—	—	—	—	—
Total defects	337	623	132	137	14	36	224	61
Total children without defects	703	590	91	65	11	7	139	29
Children with one or more defects	297	551	99	97	10	21	161	38
Children examined	1,000	1,141	190	162	21	28	300	67

classified according to Medical Inspection Clinics.

Chantrey (10-5-50)	Totley (23-11-50)	Endcliffe (21-11-50)	Broomhill (15-6-50)	Tinsley (7-11-50)	Wordsworth (8-11-50)	Dore (23-11-50)	Darnall (3-11-50)	Greenhill (14-8-50)	Sub-Total	Total
26	—	2	12	2	3	—	1	2	294	
23	—	4	17	—	—	1	4	2	283	577
18	1	4	25	4	2	—	3	5	223	
—	—	—	—	—	—	—	—	—	24	
2	—	1	2	—	—	—	—	—	15	
—	—	—	—	—	—	—	—	—	31	
—	—	—	2	—	—	—	—	—	5	298
—	—	—	—	—	—	—	—	—	3	
1	—	—	2	1	1	—	—	—	33	
1	—	—	—	—	2	—	—	1	36	
—	—	—	—	—	—	—	—	—	3	
2	—	—	3	—	—	—	—	1	11	
—	—	—	—	—	—	—	1	—	13	99
24	—	—	12	—	3	—	4	5	222	
1	—	—	—	1	—	—	—	—	10	
2	—	—	—	1	—	—	—	1	27	
1	—	—	1	—	—	—	—	1	24	
—	—	—	—	—	—	—	—	1	22	
—	—	—	—	—	—	—	—	—	6	
—	—	—	—	—	—	—	—	—	5	
2	—	—	4	—	2	—	—	—	16	332
32	—	1	35	3	4	—	3	5	326	326
3	—	—	—	1	—	—	—	—	12	
1	—	—	—	—	—	—	—	—	11	
—	—	—	1	—	—	—	—	—	1	24
—	—	—	—	—	—	—	—	—	1	
3	—	—	3	—	—	1	2	—	61	
—	—	—	—	—	—	—	—	—	2	
—	—	—	—	—	—	—	—	—	3	
1	—	—	1	—	—	—	—	1	8	
1	—	—	—	—	—	—	—	—	8	83
1	—	—	—	—	—	—	—	—	10	
—	—	—	—	—	—	—	—	—	2	
—	—	—	—	—	—	—	—	—	5	17
9	—	1	11	—	1	2	3	3	114	114
—	—	—	—	—	—	—	—	—	5	5
—	—	—	—	—	—	—	—	—	1	
—	—	—	1	—	—	—	—	—	5	
—	—	—	—	—	—	—	—	—	1	7
—	—	—	—	—	—	—	—	—	3	
—	—	—	1	—	—	—	—	—	5	
1	—	—	—	—	—	—	—	—	4	
—	—	—	—	—	—	—	—	—	2	14
7	—	—	1	—	1	—	1	1	29	
—	—	—	—	—	—	—	—	—	3	32
1	—	1	5	—	2	—	—	—	22	
1	—	—	—	—	—	—	—	—	6	
—	—	—	—	—	—	—	—	—	4	
—	—	—	—	—	—	—	—	—	4	
—	—	—	—	—	—	—	—	—	2	
—	—	—	—	—	—	—	—	—	1	39
—	—	—	—	—	—	—	—	—	4	4
164	1	14	139	13	21	4	22	29		1,971
127	6	16	76	5	10	1	1	28		1,905
125	1	12	106	9	15	3	15	24		1,584
252	7	28	182	14	25	4	16	52		3,489

Orthopædic Consultation Clinics.—Dr. C. Lee Pattison held 88 consultation sessions for orthopædic cases at the Orchard Place Centre during the year. Patients made 1,400 attendances at these consultations. The statement below is furnished by Dr. Pattison, through the medium of the Sheffield Regional Hospital Board.

316 new patients attended and these are classified as follows :—

Rickets and Rachitic deformities	69
Anterior Poliomyelitis	63
Spastic Paralysis	3
Congenital Talipes	15
Other Congenital Deformities	5
Foot Strain	62
Postural conditions	24
Sternomastoid Hæmatoma Sternomastoid Contraction	22
Traumatic conditions	5
Tubercular Bones and Joints	8
Birth Paralysis	1
Cervical Adenitis	3
Perthes Disease	2
Post-Diphtheritic Paralysis	1
Peroneal Muscular Atrophy	1
Friedrich's disease	1
Other conditions	31
	316

In addition to the above, the attendances of Dr. C. Lee Pattison's patients at the Orthopædic Treatment Clinics at Orchard Place, Firth Park and Manor Centres totalled 2,716.

Infant Welfare Centres have proved to be of great value in the prevention of deformities. Mothers attend with their children at an early age and, where signs of orthopædic defects, such as torticollis, talipes equino-varus, etc., are detected, the child is referred immediately to Dr. C. Lee Pattison's clinic for orthopædic cases, which is held at Orchard Place every Tuesday afternoon. Dr. Pattison also attends the Firth Park Centre on Tuesday or Friday afternoons, and the Manor clinic on Monday mornings at intervals of several weeks. The child then receives treatment for the defect and is also kept under supervision at the Infant Clinic for advice with regard to feeding and general hygiene.

Attendances at Minor Ailments and Ultra-Violet Light Clinics.—At the Minor Ailments Clinic at Orchard Place, 330 children received treatment and made 1,393 attendances ; at Firth Park, 439 children received treatment, making a total of 1,469 attendances, and, at Manor Centre, 500 children received treatment, making a total of 1,347 attendances. Details with regard to these clinics appear below :—

ATTENDANCES AT MINOR AILMENTS AND ULTRA-VIOLET LIGHT CLINICS.

Centre	Minor Ailment Clinic		Ultra-Violet Light Clinic		
	Under 1 yr.	1 to 5 yrs. and over	Under 1 yr.	1 to 5 yrs. and over	Totals
Orchard Place	750	643	7	10,955	12,355
Firth Park	1,189	280	6	4,538	6,013
Manor	911	436	43	5,642	7,032
TOTALS	2,850	1,359	56	21,135	25,400

Particulars follow of the total attendances of all cases and also of the number of new cases which attended in each of the past five years at all consultation and treatment clinics :—

Year	Total Attendances of all Children	Total Children Attending for first time
1946	140,720	7,283
1947	152,485	8,067
1948	161,233	6,924
1949	144,100	6,173
1950	114,938	5,441

The new cases in 1950 include 103 cases who attended clinic for the first time direct to the Orthopædic Consultations.

Children referred for Hospital Treatment.—1,045 of the children who attended at the Centres during the year were referred by the Medical staff for treatment at the various hospitals.

Dried Milk and Other Foods.—At the Maternity and Child Welfare Centres there were 137,182 lbs. of dried milk and other foods distributed during the year, as compared with 159,584 lbs. in 1949.

National Dried Milk and Vitamins.—In addition to the usual distribution of dried milk and other foods at the Maternity and Child Welfare Centres, there are quantities of National Dried Milk and Vitamins distributed at these Centres on behalf of the Ministry of Food. The following are details in regard to the distribution of these commodities in the years 1949 and 1950 :—

Foods	Quantities Distributed—Years. 1949.	1950.
National Dried Milk—1¼ lb. tins (No. of tins).	115,943	111,089
Cod liver Oil—6 oz. bottles (No. of bottles).	121,960	101,361
Orange Juice—6 oz. bottles (No. of bottles).	375,991	333,183
Vitamin A and D Tablets—Pkts. of 45 tablets (No. of pkts.).	24,910	20,491

MATERNITY AND NURSING HOMES.

There were no new premises registered as Nursing Homes during the year. On the 31st December, 1950, there were 12 Nursing Homes on the register, providing accommodation for 22 maternity and 124 other cases, and these premises were visited as required.

HOMES FOR MOTHERS AND BABIES AND HOMELESS CHILDREN.

St. Agatha's Church of England Hostel, a home for unmarried expectant mothers, is situated at No. 22, Broomgrove Road and has a complement of 28 beds. After the confinements, which take place in hospital, the mothers return to the Home with their babies until the necessary arrangements can be made for the care of the baby and for the mother to resume work.

St. Margaret's Girls' Rescue and Maternity Home, Leeds, admits Roman Catholic unmarried expectant mothers from the Sheffield area.

The Salvation Army Home, at Kenwood Park Road, admits various classes of cases, including homeless children and girls who are lacking adequate control. The Sheffield Branch of Dr. Barnardo's Home also accepts homeless children.

Unmarried expectant mothers are, where necessary, admitted to Firvale Infirmary, which has been administered by the Sheffield Regional Hospital Board since 5th July, 1948, and homeless children are admitted into the Sheffield Children's Homes administered by the Council.

A scheme is under contemplation for the provision of a Mother and Baby Home, to be administered by the Council, in premises in Hucklow Road.

DAY NURSERIES.

by William Fielding, m.d., b.sc., d.p.h., Deputy Medical Officer of Health.

Since the last Annual Report was written, the 17 day nurseries in the City, previously the property of the Ministry of Health, have passed into the ownership of the Corporation, and a new, specially designed day nursery has been opened at Manningham Road, to replace the nursery previously accommodated in Carbrook Vicarage. The accommodation in the 17 day nurseries has remained unchanged at a total of 705 places, and the average monthly attendances (Monday to Friday inclusive) are shown below :—

Month.	Average Daily attendances
January	730
February	745
March	688
April	605
May	736
June	781
July	802
August	660
September	760
October	788
November	741
December	685
Average	726

Pressure on the nursery accommodation, for a variety of reasons, has continued to be heavy, and there is a substantial waiting list for vacancies. A system of priority has continued in force, giving preference to the children of mothers admitted to hospital through illness, or of those who, being widowed, unmarried or deserted by their husbands, are compelled to work for economic reasons. Normally, only those children aged between 1 and 5 years have been accepted although, in exceptional circumstances, infants below the age of one year have been admitted, though this is undesirable for two main reasons : the very low resistance of an infant to infection, and the need for a mother's care at this tender age.

In spite of all precautions, infectious disease has occurred from time to time in the day nurseries, particularly during the spring months when illnesses such as measles and whooping cough are prevalent among the younger population, and an outbreak of dysentery affecting a large number of children occurred in one day nursery in December.

Every effort has been made to avoid having empty places in the nurseries, as this is not only uneconomical but also reacts hardly on those cases awaiting admission for urgent reasons, and, to this end, it has been found necessary to maintain the register at an appreciably higher level than the total number of nursery places.

Absences among the children attending the nurseries have been carefully investigated by the matrons, and a summary of the causes of absence between July, 1950, and June, 1951, is included in this report, but it is notable that the average absence rate throughout the year reached the high figure of 23·3 per cent., and rose to 34·1 per cent. in August, 1950, and 35·3 per cent. in January, 1951 ; the high rate in August was chiefly due to the parents' annual holiday, and the high rate in January was due to the high incidence of sickness among the children.

The staff of the day nurseries have been constantly on the watch for illness, and every precaution has been taken to minimise the risk of infection. All children admitted have been immunised against Diphtheria and a medical officer sees the children every few weeks. Cod liver oil, orange juice and milk form a regular part of the dietary of each child.

The health of the staff has been generally good, each having a medical examination on appointment, and thereafter an annual chest X-ray. Absence due to illness is investigated to ensure freedom from infection before return to duty.

A number of the junior members of the nursery staff have attended the course of instruction for the diploma of the National Nursery Examination Board during the year, given jointly by officers of the Public Health Department and the Education Department at the Nursery Training Centre in Clifford Road, and at the training nurseries of the Health Committee and the Education Committee ; seventeen students were successful at the examinations held during the year.

Absences from Day Nurseries.

Detailed analysis of the causes of absence from the day nurseries during a complete year's working between July, 1950, and June, 1951, has shown a consistently high absence rate, averaging 23·3 per cent. in any monthly period, with a minimum of 14·7 per cent. in July, 1950, and a maximum of 35·3 per cent. in January, 1951. The rate of absence has in each case been calculated as a percentage of the total days lost over the total possible days of attendance. Figs. 1 and 2, which follow the text, illustrate the main causes of absence.

Absences for Medical Reasons.

Absence due to medical reasons includes all illnesses of the children themselves (droplet infections, intestinal infections, and other illnesses) together with absences of those children excluded as contacts of infectious disease. The majority of absences in this group has been due to droplet infections, of which measles, german measles, whooping cough, scarlet fever and mumps have caused the majority of illness. Measles has been particularly prevalent in certain nurseries.

Absence for medical reasons tends to be minimal in mid-summer, and maximal in the fourth and first quarters of the year, and is illustrated in Fig. 2, which follows the text. There was 8·5 per cent. of absence for medical reasons in July, 1950, and 25·6 per cent. of absence in January, 1951. Reference to Fig. 1 shows that the curve of droplet infections corresponds very closely with the curve of absence for all medical reasons (Fig. 2), although at a rather lower level. In other words, absence for medical reasons other than droplet infection has tended to be relatively constant throughout the year, and the main cause of absences through sickness has been due to the seasonal epidemics of infectious disease which affect predominantly the younger population.

Absence from intestinal disease has been relatively low throughout the year, the increase in December, 1950, and January, 1951, being due to an outbreak of Sonne dysentery, which was limited to one nursery. This outbreak, affecting a considerable number of the children and several members of the staff, commenced at the end of November, 1950, (see Fig. 3, which follows the text), and, in the week ended 1st December, 24 children and one member of the staff were absent for this reason, and it was not until nearly a month later that bacteriological evidence of freedom from infection allowed a gradual return, although in nearly all cases the infection was clinically a mild one. By the end of March the day nursery was completely free from intestinal infection, but a further case occurred, requiring a month's absence, and finally at the end of April the outbreak ended. Investigations into the cause of the outbreak were inconclusive, but suggested contamination of the food taken at one particular meal, possibly by a member of the kitchen staff.

Absences due to Non-Medical Reasons.

This group includes absence on holiday, absence through parents or other relatives being at home to look after the children, failure to get up in time, or some similar reason. Fig. 2 shows two peaks of absence for non-medical reasons over a steady average of 3—4 per cent. The summer holidays accounted for the great increase in August, 1950, whilst illness of parents, which necessitated another member of the family remaining at home, caused the smaller rise in the winter of 1950-51.

The high rate of absence from day nurseries has an obvious effect on the policy as regards admission to the register. It would seem that the register must be maintained at a level 20 to 25 per cent. above the number of established places in order to keep the nurseries reasonably full during the greater part of the year, otherwise a large number of priority admissions have to be refused while actual vacant places exist, and also the cost per place rises materially.

Outbreaks of infectious disease in day nurseries are extremely difficult to avoid. The attendance of susceptible young children, who may have been infected by an older brother or sister, makes control of infection in a day nursery much more difficult than in a residential nursery, which is a relatively closed community with little contact with the outer world. An added difficulty is that the majority of the common infectious diseases caused by droplet infections are most infectious during the early stages, before the typical sign of a rash or cough develops—hence the most careful daily inspection of the children by the matron and staff may fail to discover a case until he has infected others and, in this way, the disease spreads until it may well reach epidemic proportions in a particular nursery.

The following statement shows the reasons for absence from Day Nurseries, in months, as percentages of total possible attendances :—

Month	Medical Reasons				Non-Medical reasons	Reason unknown	Total
	Droplet	Intestinal	Other	Total			
1950.							
July	5·7	0·6	2·2	8·5	5·9	0·3	14·7
August ..	6·9	0·2	2·3	9·4	23·0	1·7	34·1
September ..	7·6	0·2	2·4	10·2	8·0	1·4	19·6
October ..	7·5	0·35	2·95	10·8	3·4	1·0	15·2
November ..	8·8	0·5	5·3	14·6	3·9	5·5	24·0
December ..	10·8	3·3	3·8	17·9	5·5	1·4	24·8
1951.							
January ..	17·4	2·2	6·0	25·6	7·5	2·2	35·3
February ..	18·1	0·9	5·7	24·7	5·1	2·0	31·8
March	9·5	0·8	2·7	13·0	4·7	1·4	19·1
April	12·0	0·6	3·8	16·4	3·1	1·6	21·1
May	13·2	0·7	3·9	17·8	3·9	1·0	22·7
June	9·5	0·4	2·3	12·2	4·1	1·0	17·3

Average absences from individual nurseries are given below, as percentages of total possible attendances :—

Nursery.	Percentage Absence (Average)
Abbeyfield Park	20·4
Attercliffe	24·4
Beet Street	30·3
Broadfield Road	20·9
Carbrook	25·6
Cradock Road	18·6
Cricket Inn Road	36·2
Darnall	25·2
Firth Park	24·1
Hillsborough	19·3
Langsett Road	17·2
Meersbrook Park	12·9
Moore Street	17·4
Parson Cross	25·6
Prince of Wales Road	24·5
Royal Infirmary	24·5
Swinton Street	22·4

The percentage absence rate in groups of day nurseries, arranged according to their geographical situation, is as follows :—

Group.	Percentage absence.
Central	23·6
North	21·3
South	17·4
East	27·2

There appears to be a very material difference between the rate of absence from those day nurseries situated in the industrial east side of the City (Attercliffe, Carbrook, Cricket Inn Road, Darnall, Prince of Wales Road) and those situated to the south of the City centre (Broadfield Road, Cradock Road, Meersbrook Park), and a detailed analysis of these absences is as follows :—

East Side Nurseries.

Nursery	Medical Reasons	Non-medical Reasons	Reason unknown	Total
Attercliffe	16·9	5·7	1·8	24·4
Carbrook..	16·4	6·3	2·9	25·6
Cricket Inn Road	24·7	10·7	0·8	36·2
Darnall	16·4	8·1	0·7	25·2
Prince of Wales Road	16·1	6·1	2·3	24·5
Average	18·1	7·4	1·7	27·2

South Side Nurseries.

Nursery	Medical Reasons	Non-Medical Reasons	Reason unknown	Total
Broadfield Road	13·0	7·9	—	20·9
Cradock Road	12·2	5·1	1·3	18·6
Meersbrook Park	7·5	5·3	0·1	12·9
Average	10·9	6·1	0·4	17·4

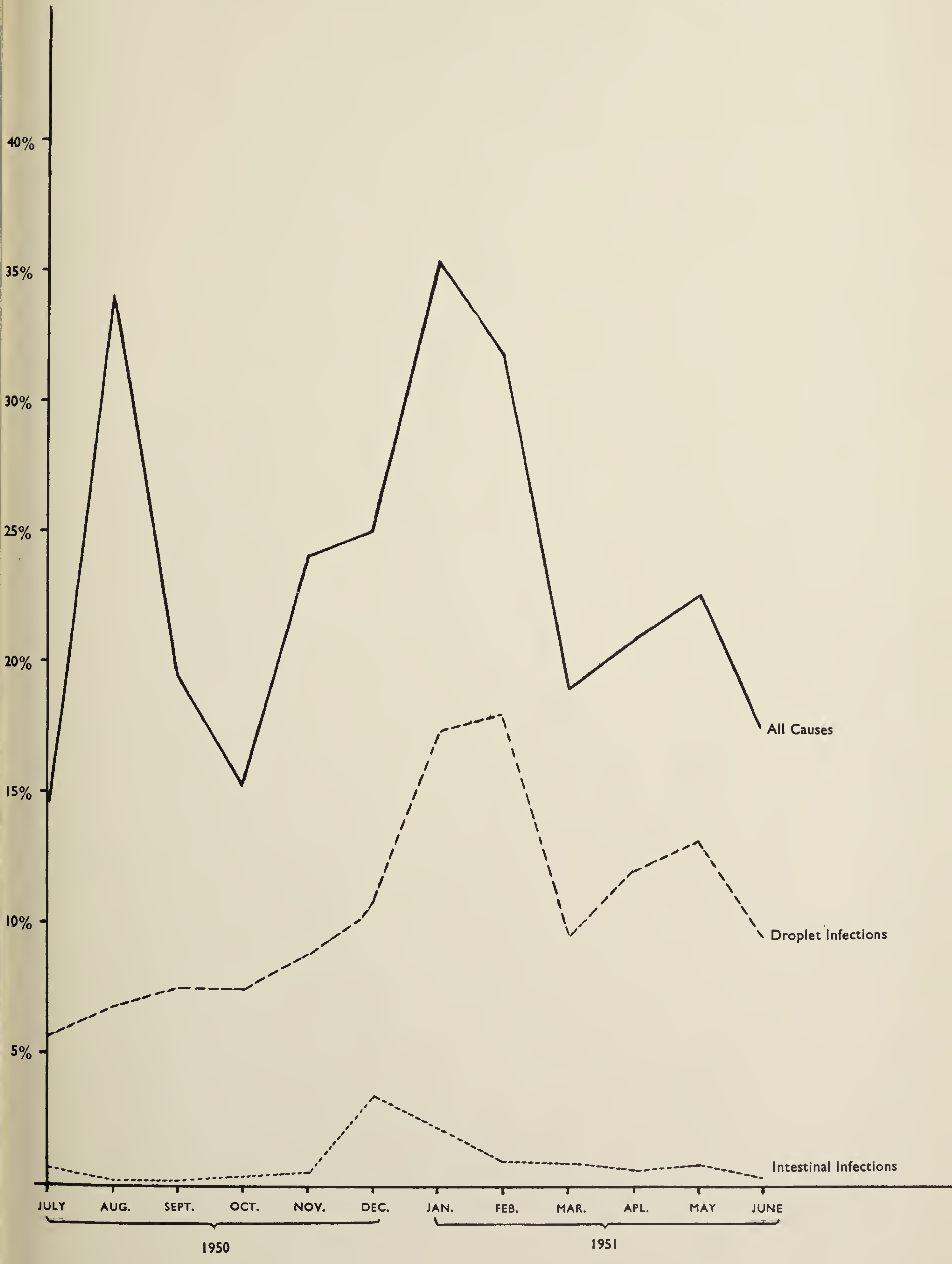
The increased absence from the east side day nurseries appears to have been due almost entirely to a greater prevalence of illness among the children in these nurseries, chiefly of the droplet infection type, but the experience of one year is insufficient to draw any definite conclusions.

Figs. 4 and 5, which follow the text, show the absences for medical and non-medical reasons in the east and south side nurseries. The nurseries in the industrial east side of the City showed a high level of sickness, reaching over 15 per cent. from November to June, whereas the south side nurseries only exceeded 15 per cent. sickness in January and February. In regard to absence for non-medical reasons, little difference was seen, but it is noted that absence in August, the holiday period, was over 25 per cent. in the east side nurseries, and less than 20 per cent. in the south side nurseries.

ABSENCES FROM DAY NURSERIES

JULY, 1950 — JUNE, 1951

Fig. 1

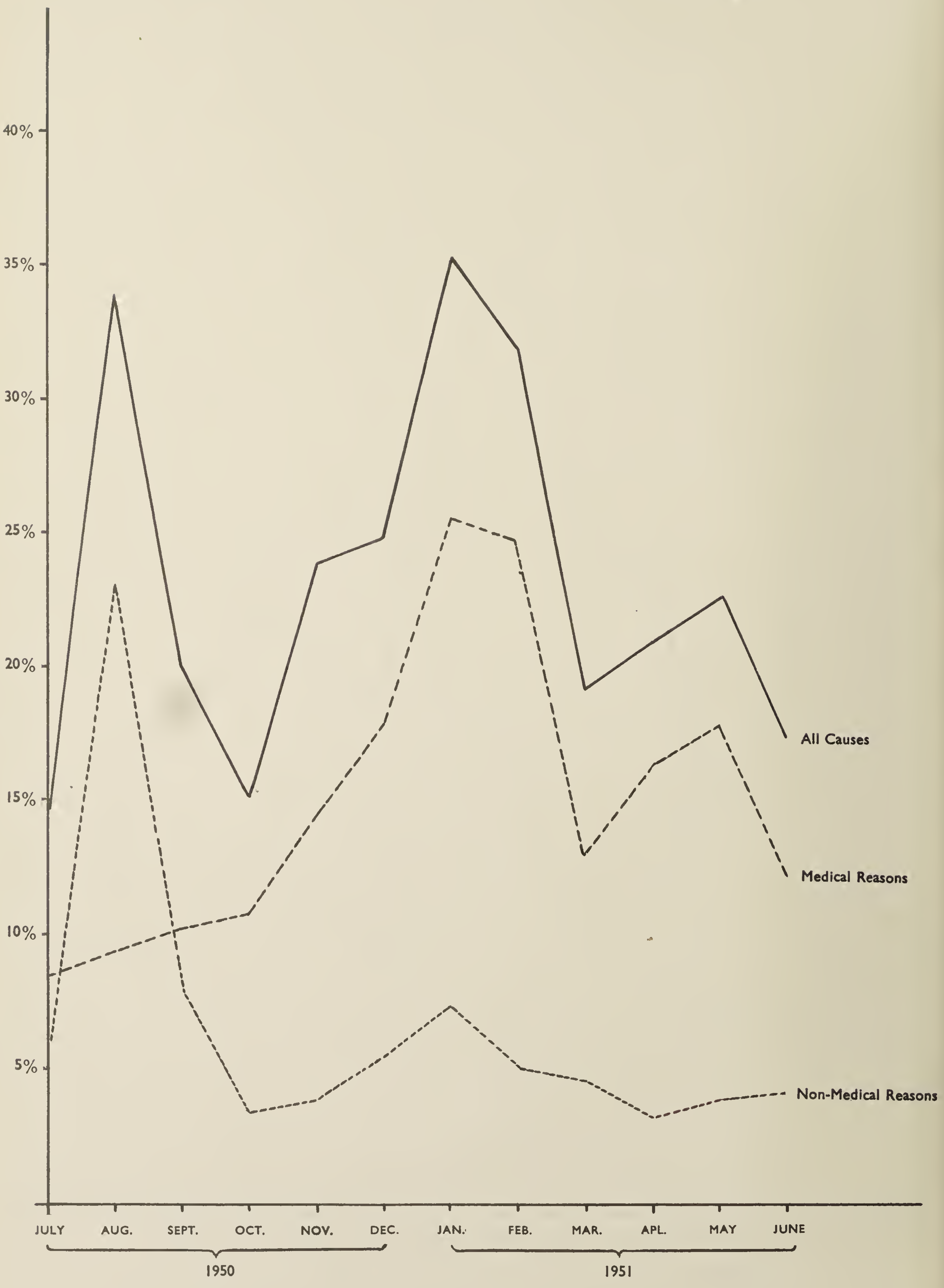


Note the high absence rate from droplet infections and the relatively low absence rate from intestinal infections (with the exception of an outbreak of sonne dysentery in one day nursery during the winter months).

ABSENCES FROM DAY NURSERIES

JULY, 1950 — JUNE, 1951

Fig. 2



Absence for medical reasons was due chiefly to droplet infections occurring during the winter and spring months.

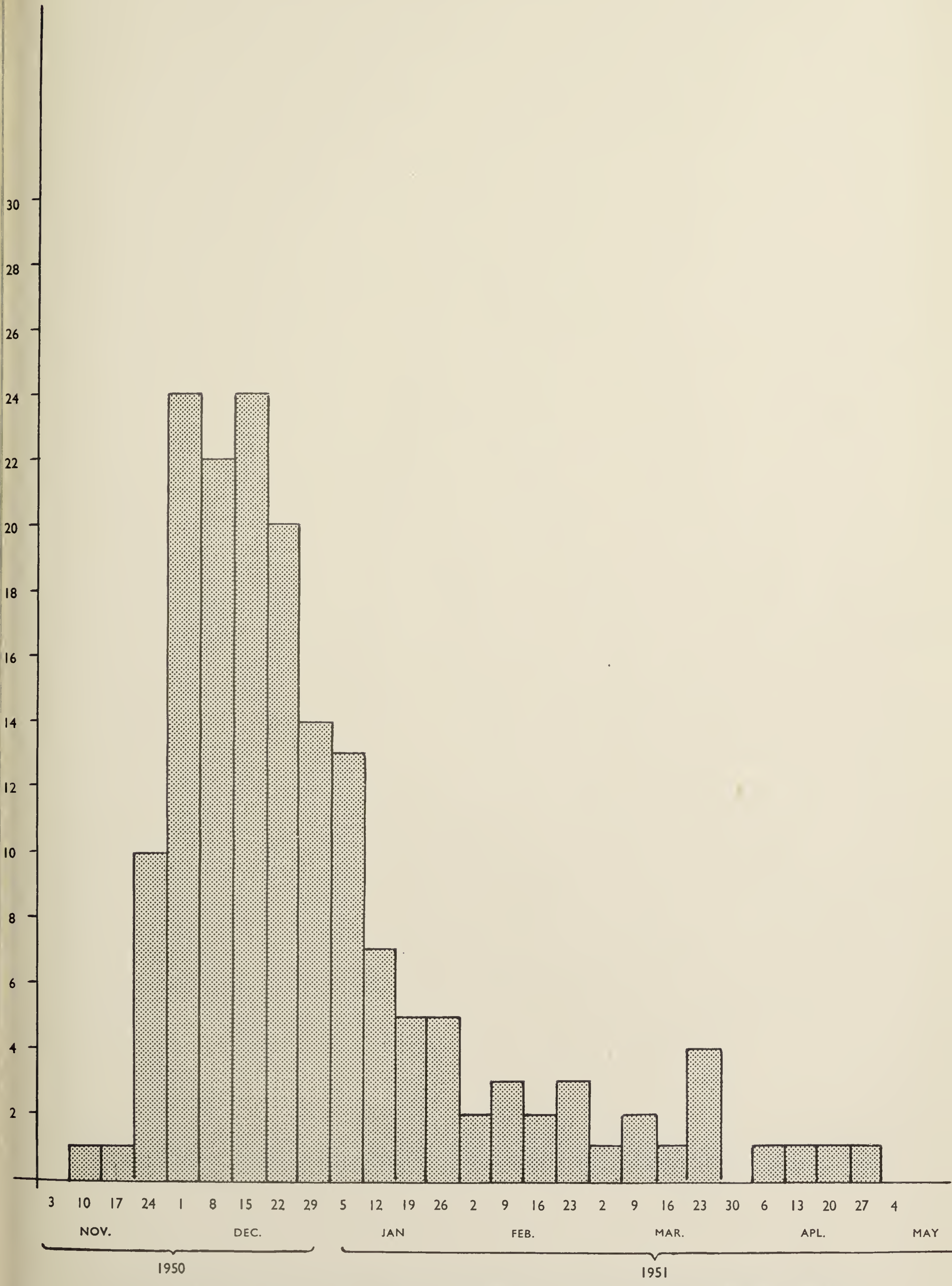
Absence for non-medical reasons was due chiefly to the holiday period (August) and to family sickness during the winter.

CRICKET INN ROAD DAY NURSERY

NUMBERS ABSENT — INTESTINAL INFECTIONS

WEEKS ENDED 3rd NOVEMBER, 1950 — 4th MAY, 1951

Fig. 3



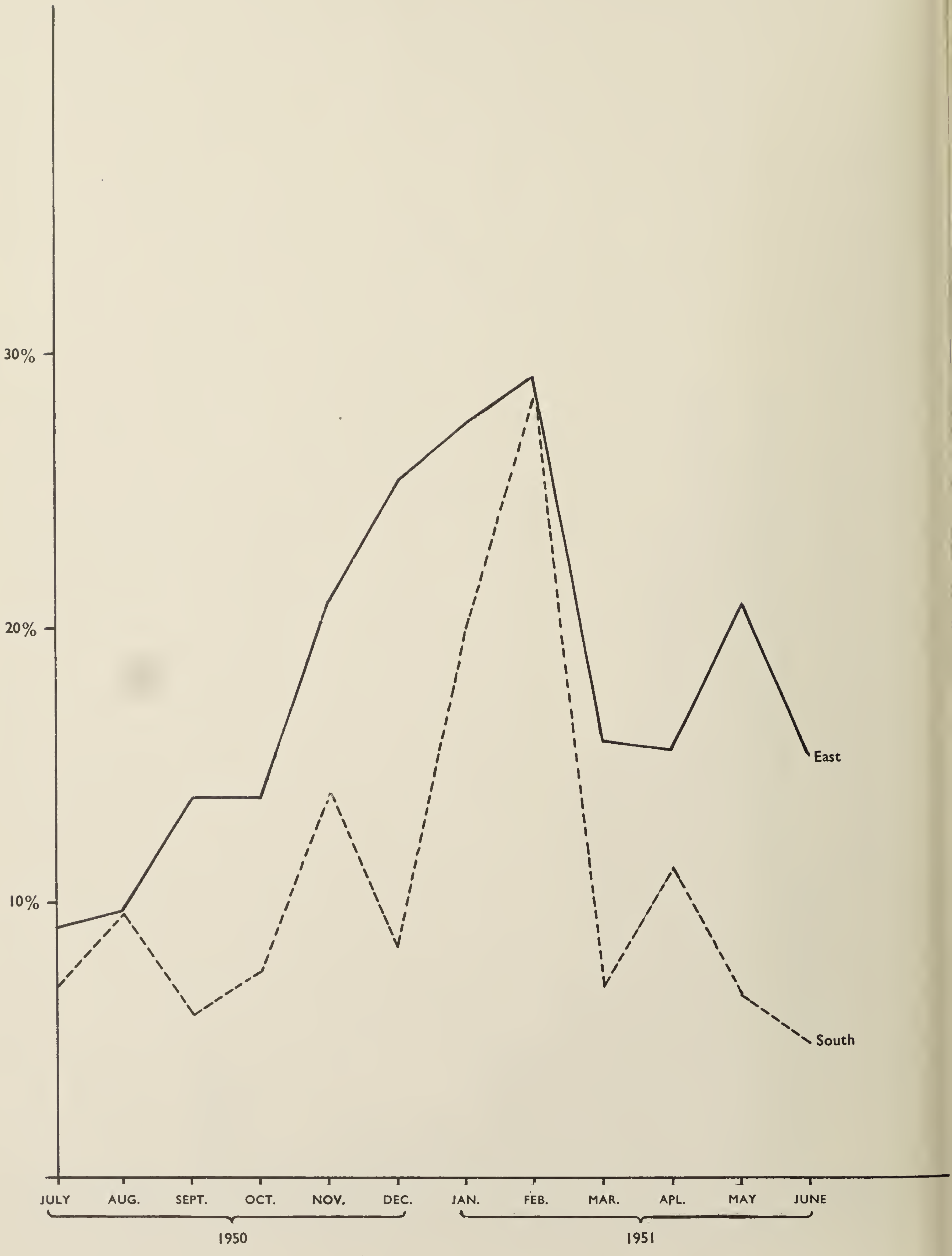
Note the sudden "explosive" onset of the outbreak of sonne dysentery, and the long period which elapsed before the nursery was free from infection again.

EAST AND SOUTH SIDE NURSERIES

ABSENCES FOR MEDICAL REASONS

JULY, 1950 — JUNE, 1951

Fig. 4



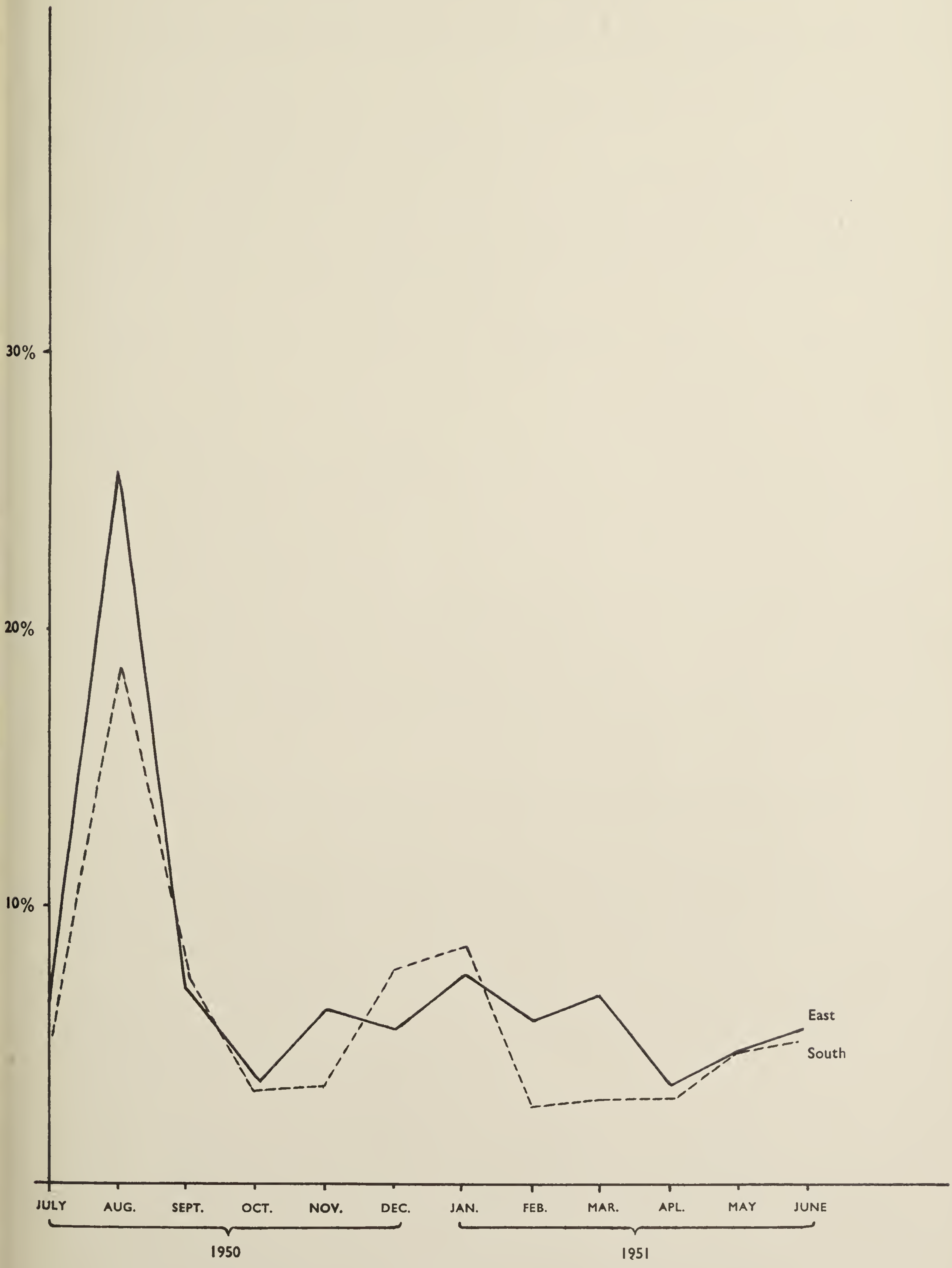
Note the high rate of absence, spread over a long period, of children attending day nurseries in the industrial East side of the City. The absence of children attending the South side nurseries, while showing a " peak " in January—February, is of much shorter duration.

EAST AND SOUTH SIDE NURSERIES

ABSENCES FOR NON-MEDICAL REASONS

JULY, 1950 — JUNE, 1951

Fig. 5



The differences between the East and South side nurseries as regards absence for non-medical reasons are probably of small significance, but it is interesting to note that during the August holidays absence was higher in the industrial East side nurseries.

DENTAL SERVICES

Report of Mr. J. Walter Shaw, h.d.d., l.d.s.r.c.s. (Edin.),
Senior School Dental Surgeon,

on the Dental Treatment provided in the School Health Service Dental Clinics for Pre-School Children, Expectant and Nursing Mother Patients and Others during 1950.

Pre-School Children.

The dental treatment provided for the pre-school children was once again limited by the shortage of dental surgeons in the local authority service.

The demands on the present staff of dental surgeons were such that the same policy as last year had to be followed. Dental treatment was provided for those children of the pre-school age group whose parents requested it and the great majority were treated for relief of toothache. The number of children in the group attending for treatment was 274 and this number does not include those of the same age groups attending the Education Committee's Nursery Classes. The statement below shows the treatment provided.

No. of Children	Attendances	Extractions	Gas and Oxygen Anæsthetics	Fillings	Other Treatment
274	323	491	281	2	40

Mental Welfare.

One ineducable child was given dental treatment by extraction under nitrous oxide and oxygen anæsthetic after pre-medication.

Three pupils attending the Occupation Centre were treated dentally during the year for relief of toothache and oral sepsis.

Ante-Natal Cases and Nursing Mothers.

It would have been impossible to provide treatment for all requiring it if every expectant and nursing mother had been inspected dentally by a dental surgeon, so the scheme was continued whereby inspection and treatment was offered in the first place to those who requested it and were found by the examining doctor to have a generally good mouth. This enabled good mouths to be kept sound and the caries in the teeth treated by fillings where possible. Other patients whose mouths were really septic were given appointments for dental inspection and treatment up to a maximum of 30 per week until the " load " of treatment required and accepted was ascertained.

About ten per cent. of the time of the dental surgeons of the School Health Staff was devoted to the dental inspection and treatment of the expectant and nursing mothers and the pre-school children.

As previously, the patients after inspection were told whether in the opinion of the inspecting dental surgeon they required dental treatment, and were then free to accept the offer of treatment in the School Health Service clinics or to obtain it privately. The statement below gives details of the findings at the time of inspection, and it shows that the number accepting the offer of treatment at the clinics was high, being 98 per cent. of the total inspected.

This acceptance rate does not present a reliable figure, because an appreciable number of patients fail to attend for treatment when invited to do so. On the other hand, few of those patients who do attend for their first appointment fail to complete the course of treatment prescribed. In making the appointments, allowance is made for the average failure of attendance, which prevents waste of dental surgeons' time.

No. of cards issued by Welfare Clinics	No. of Patients attending for inspection at the dental clinics	No. found to require treatment	No. refusing treatment or obtaining treatment privately
810	*565	564	11

* Of those inspected, one patient did not require treatment.

The details of dental treatment required in the mouths of those patients inspected are as follows :—

Fillings	Extractions	Scalings	X-Rays	Dentures		Gum Treatment
				Partial	Full	
1,634	2,018	431	36	251	82	79

The treatment carried out during the year is detailed below.

Fillings	Extractions	Scaling	X-Rays	Dentures		Anæsthetics		Dressings	Miscel-laneous
				Partial	Full	Local or Regional	Nitrous Oxide and Oxygen		
812	1,328	432	65	100	26	263	191	84	279*

* This includes impressions, " bites " and " try-ins " for denture work.

The number of appointments made for dental treatment during the year was 2,366 and, of these, 1,702 were kept, showing a 72 per cent. attendance rate which, when the condition of the patients is considered, is quite favourable.

232 of these expectant and nursing mother patients had the prescribed course of treatment completed.

Dental Technician.

A full-time dental technician was appointed to the School Health Service Staff early in the year and took up his duties on 1st May, 1950.

Since that time, in addition to the work required for the school children for prosthetic and orthodontic appliances, the technician has carried out, as agreed, all the laboratory work for the dentures required by the expectant and nursing mothers under treatment.

This has resulted in dentures being fitted much more expeditiously than under the scheme operating prior to his appointment, giving more satisfaction to the dental surgeons and reducing patients' waiting time.

Oral Hygienist.

It is gratifying to record that in accordance with the wishes of the Education Committee, the services of an Oral Hygienist were obtained early in the year.

Some particulars of the report on oral hygienists included in the *Report of the Ministry of Health for the year ended 31st March, 1948* have been mentioned previously. Briefly, oral hygienists trained in this country by the Ministry of Health and obtaining by examination the Certificate of Proficiency in Oral Hygiene are employed as an experiment suggested by the Teviot Report.

They may, under the supervision of a dental surgeon, treat patients by scaling and cleaning teeth, giving talks on oral hygiene and by applying topically certain drugs to the teeth.

The general standard of oral hygiene being low, the education of these patients as to the benefit of having a well cared for mouth should help to spread the practice of this form of preventive dentistry to the home.

MIDWIFERY

At the end of the year 1950, in the Municipal Domiciliary Midwifery Service, there were 45 Midwives directly employed by the Council and two employed by the Jessop Hospital for Women, under arrangements with the Council.

The Midwives directly employed by the Council attended 1,830 confinements as Midwives and 1,256 as Maternity Nurses in the year 1950, the corresponding figures for the year 1949 being 2,394 and 1,167 respectively. The Midwives engaged by the Jessop Hospital for Women attended 87 cases during the year, all in the capacity of Midwife, as against 100 in 1949.

Patients applying for the services of Midwives to attend in the capacity of Midwife in the Municipal Midwifery Service are encouraged to remain under supervision at an ante-natal clinic at one of the Maternity and Child Welfare Centres. Midwives also attend the ante-natal clinics and so follow up their cases.

Where abnormalities necessitating hospital treatment arise during the ante-natal period, the engagement of the domiciliary midwife is cancelled and arrangements are made with the patient for her admission to the maternity section of either the City General Hospital or the Nether Edge Hospital.

The following statement gives particulars of the 3,688 engagements of Municipal Midwives in the year 1950 :—

	Engagements as Midwife	Engagements as Maternity Nurse	Total
Cases attended and nursed at home	1,811	1,220	3,031
Cases attended at home for confinement but transferred to hospital after delivery	19	36	55
Total cases delivered at home by Municipal Midwives	1,830	1,256	3,086
Cases where midwife was in attendance ante-natally but patient was transferred to hospital before delivery	107	109	216
Cases delivered by private Midwives, subsequently attended by Municipal Midwives	1	—	1
Engagements cancelled—			
Patients admitted to hospital	259	69	328
For other reasons	33	24	57
Total of original engagements	2,230	1,458	3,688

The Midwives normally visit patients ante-natally and for fourteen days after delivery. During the year 1950 they made 3,170 visits to ante-natal clinic defaulters, 2,744 visits to their own ante-natal patients, 3,999 visits to patients during labour, 57,419 visits to their own patients in the puerperium, and 4,180 visits to hospital discharges during the puerperium. They also assisted at a total of 512 infant and ante-natal sessions at the Maternity and Child Welfare Centres during the year, compared with 44 in 1949.

Of the 45 Midwives directly employed by the Council, 14 are approved as District Teachers by the Central Midwives Board. During the year they received between them 42 Pupil Midwives from Nether Edge Hospital for the three months' district training required for the Second Part Examination of the Central Midwives Board.

During September, three Midwives attended a Post Graduate Course held at Oxford.

It will be noted that many more ante-natal clinic sessions were attended by Midwives, and it is hoped that in the near future Midwives will automatically see their own patients at these sessions.

General Domiciliary Midwifery.—At the end of the year 1950, there were 58 trained Midwives, inclusive of Municipal Midwives, in practice in Domiciliary Midwifery in the City. They consisted of 45 Municipal Midwives, 2 Midwives engaged by the Jessop Hospital for Women, 8 in private practice and 3 in the service of Nursing Associations.

There were 561 cases in which medical aid was summoned by Midwives during the year, under Section 14 (1) of the Midwives Act, 1918, as against 837 in 1949.

HEALTH VISITING

At the end of the year 1950, the staff of Health Visitors consisted of a Superintendent Health Visitor, a Deputy Superintendent Health Visitor, two Superintendents of Infant Welfare Centres and 29 qualified Health Visitors. In addition there were four Student Health Visitors who return to the Department on obtaining the Health Visitors' Certificate and remain for at least two years. The number of qualified Health Visitors has fallen from 31 at the corresponding period of 1949, and a similar decline has been noticeable in many local authorities throughout the country.

The Health Visitors are required to undertake visiting for the purpose of general supervision in connection with the care of expectant and nursing mothers and young children, and, under the National Health Service Act, 1946, this function has been extended to include the general care and health education of the household as a whole. In this work their activities extend into the field of prevention of illness, and care and after-care for all members of the family. The Health Visitor is developing into the general purpose social worker for which her training as a nurse and midwife together with the special training required to qualify as a Health Visitor is eminently suitable. Her work brings her into contact with the family at times when the outlook arising as a result of this training is appreciated.

Ten Health Visitors are attached to the hospital in their respective areas, and they visit the hospital Almoner at least once a week to collect information regarding patients who are to be discharged and who will need some form of after-care ; emergency cases are dealt with by telephone. This information is then given to the Health Visitor for the district in which the out-going patient lives, and she will arrange for the necessary help to be given, *e.g.*, services of a domestic help, bedding, diet, reports to the Medical Officer of Health in cases of housing difficulties, and those matters which need to be referred to other Departments and outside Authorities.

It has been possible to attach a few Health Visitors to General Practitioners. The Health Visitor either makes regular calls to discuss with the Doctor any case he wishes her to follow up for him, or the Doctor makes contact with the Health Visitor and arranges for her to visit some of his cases. It is very much hoped that we shall be able to make this service more freely available to doctors as the number of Health Visitors increases.

Since April, 1950, the Health Visitors have been responsible for all the home visits of patients suffering from tuberculosis. Contact with the Chest Clinic is assured by the daily visit of one of the staff to the Centre, and in addition the Health Visitors are able to visit the Chest Clinic and discuss their cases with the Medical Staff. Babies of tuberculous mothers are now treated with B.C.G. vaccine and are placed with foster parents for the necessary period of segregation. These babies are closely supervised by the Superintendent and Deputy Superintendent Health Visitor. In response to a request by the Department of Child Health of the Sheffield University and the Children's Hospital, the Medical Officer of Health agreed to the arrangement whereby the Health Visitors visit the homes and apply a skin test to children up to 3 years of age, who are contacts of notified tuberculosis.

In connection with visits made to young children, the Health Visitors have access to the records of every Sheffield child shortly after birth, and the welfare of these children is supervised at the discretion of the Health Visitor until the child is five years of age, when all necessary records are transferred to the School Health Service. Special investigations are made in connection with children suffering from whooping cough and rheumatism.

Complaints regarding overcrowding and unsatisfactory home conditions in which children are involved, and reports regarding neglect of children, are investigated by the Health Visitors, and such cases are kept under regular supervision. Part of this work is carried out in close co-operation with the National Society for the Prevention of Cruelty to Children, and with the Co-ordinating Committee under the Designated Officer.

Two Health Visitors now attend the Case Committee of the Council of Social Service and so ensure a closer liaison between the two Departments.

Many requests are received from and in connection with people suffering from old age and infirmity and in every case a visit is paid by the Health Visitor and wherever possible the necessary help is given. A domestic help is supplied on the production of a medical certificate. Where necessary the aged person is kept under regular supervision.

A scheme is in force whereby medical and social science students of the Sheffield University, in the course of their practical work, accompany the Health Visitors on their rounds to enable them to gain an insight into the living conditions of people in their own homes.

The Health Visitors also give assistance to the School Medical Service by visiting cases of scabies and families in verminous condition, which are reported from time to time to the Medical Officer of Health.

All applications which do not conform with the usual requirements for admission to the Department's Nurseries are submitted to the Supervisory Matron of Nurseries, and the Health Visitor provides a report on the home circumstances and the need for the admission of the children to the Nurseries.

In addition to the above services, the Health Visitors attend clinics which are held for mothers and children at the twenty Maternity and Child Welfare Centres. During the year 1950, they made an aggregate of 6,984 attendances at Infant, Ante-natal, Post-natal, and other clinics in the Maternity and Child Welfare Services, and at Nurseries.

During the year 1950 a total of 82,742 visits was paid by Health Visitors. A summary of these visits is given in the table which follows :—

TABLE XIX.—*Summary of Visits of Health Visitors during the year* 1950.

		Number of Visits.
Infants under 1 year—First Visits	7,814	
Subsequent Visits	13,841	
		21,655
Infants between 1 and 5 years of age		43,741
*Nursed-out Children (Child Life Protection)		82
Acute Rheumatism in Children		126
Whooping Cough		2,921
Scabies		87
Ophthalmia Neonatorum		20
Ex-Hospital Cases *re* After-Care		162
Expectant Mothers—First Visits	476	
Subsequent Visits	331	
		807
Post-Natal Cases		22
Puerperal Pyrexia		101
Venereal Disease		66
Midwives		99
Tuberculosis—Pulmonary	5,106	
Surgical	648	
Separate Bed Enquiries	616	
		6,370
School Complaints		14
Houses Let-in-Lodgings		17
Re Cleanliness of Houses		87
Diphtheria Immunisation Visits		1,792
Domestic Help Service		447
Visits in regard to :—		
Investigation of Infant and Maternal Deaths		24
Cases referred by Hospital Almoner		594
Unsatisfactory Homes and neglected Children		110
General Prevention of Illness		29
Various other Visits		3,369
		82,742

* These visits were paid on behalf of the Children's Department, to which the function of Child Life Protection is transferred.

Ophthalmia Neonatorum.—There were 11 notifications of Ophthalmia Neonatorum during the year 1950, and it is gratifying to report that the vision was unimpaired in all cases following the treatment given. The Health Visitors paid 20 visits to these cases.

Since 1st April, 1914, when Ophthalmia Neonatorum became compulsorily notifiable by medical practitioners, great strides have been made in the prevention and treatment of this disease. In 1914, there were 221 notifications and, of these, five babies died during the illness, and nine had damage to the eyes. During the 20 years, 1914 to 1933 inclusive, there were 3,468 notifications (an average of 173 cases per year) and 53 of these cases resulted in damage to the eyes. In the following 17 years, from 1934 to 1950 inclusive, there were 332 notified cases, an average of 20 per year, and during this period there was no damage to the eyes following treatment given in any case.

This improvement is mainly attributed to the intensive ante-natal supervision and in addition, in later years, to the use of sulphonamide and penicillin treatments.

Care of Premature Infants.—With a view to obtaining immediate information regarding premature babies born in the City, the weight of the baby at birth is reported on the notification of birth form, and the information is passed on to the Health Visitors so that special attention may be given.

In addition, where a Municipal Midwife is attending at a premature birth, she continues visiting beyond the usual period of 14 days.

When premature babies are discharged from Hospital, frequent visits are made by a Health Visitor to ensure that the child receives proper care and attention.

Information is given in the statement below regarding the 515 premature babies born in 1950 to mothers who were resident in the City.

	Born at Home.	Born in Hospital or Nursing Home
Died in first 24 hours	14	43
Died on 2nd to 7th day	6	19
Died on 8th to 28th day	3	9
Survived 28 days	132	289
	*155	360

* Of the 155 babies born at home, 132 were nursed entirely at home and 23 were transferred to Hospital.

Of the 23 transferred to Hospital, 7 died during the first 24 hours, 2 died on the 2nd to 7th day, 1 died on the 8th to 28th day, and 13 survived 28 days.

Further information is given in the following tables with regard to the birth weights of premature babies born alive to Sheffield residents during the year 1950 and during the past five years.

TABLE XX.—*Premature Babies born alive to Sheffield Residents during the Year* 1950.

	Not weighed.	Under 3 lbs.	3—4 lbs.	4—5½ lbs.	Total
Born at Home	3	6	10	136	155
Born in Hospital or Nursing Home	—	35	51	274	360
Grand Total—Premature Babies	3	41	61	410	515
Died in first 24 hours.					
Born at home	2	4	2	6	14
Born in hospital or nursing home	—	22	13	8	43
	2	26	15	14	57
Died on 2nd to 7th day.					
Born at home	—	1	2	3	6
Born in hospital or nursing home	—	4	6	9	19
	—	5	8	12	25
Died on 8th to 28th day.					
Born at home	—	—	1	2	3
Born in hospital or nursing home	—	1	2	6	9
	—	1	3	8	12
Total who died during first 28 days.					
Born at home	2	5	5	11	23
Born in hospital or nursing home	—	27	21	23	71
	2	32	26	34	94
Total who survived 28 days.					
Born at home	1	1	5	125	132
Born in hospital or nursing home	—	8	30	251	289
	1	9	35	376	421
Percentage of those born at home who died during the first 28 days	66·6%(2)	83·3%(5)	50·0%(5)	8·1%(11)	14·8%(23)
Percentage of those born in hospital or nursing home who died during the first 28 days	Nil (Nil)	77·1%(27)	41·2%(21)	8·4%(23)	19·7%(71)
Percentage of all premature babies who died during the first 28 days	66·6%(2)	78·0%(32)	42·6%(26)	8·3%(34)	18·3%(94)

Total Live Births to Sheffield Residents Notified during 1950.	Number of Premature Births.	Percentage of Premature Births to Total Live Births.
7,304	515	7·05%

Total Still Births to Sheffield Residents Notified during 1950.	Number of Premature Births.	Percentage of Total Still Births to Premature Births.
158	515	30·68%

41(0·56%) of all live births weighed under 3 lbs.
61(0·84%) of all live births weighed 3—4 lbs.
410(5·61%) of all live births weighed 4—5½ lbs.
3(0·04%) were not weighed.

TABLE XXI.—*Premature Babies born alive to Sheffield Residents, Years* 1946-1950.

Weight at Birth	Total	Survived 28 days	Died under 28 days	% survived 28 days	Total born in Hospital or Nursing Home	Survived 28 days	Died under 28 days	% survived 28 days	Total born at Home	Nursed entirely at home	Survived 28 days	Died under 28 days	% survived 28 days	Born at home and transferred to Hospital	Survived 28 days	Died under 28 days	% survived 28 days
1946																	
Up to 2 lb. 8 oz. ...	28	1	27		15	1	14		13	10	—	10		3	—	3	
2 lb. 9 oz.–3 lb. 8 oz.	58	24	34		41	14	27		17	14	8	6		3	2	1	
3 lb. 9 oz.–4 lb. 8 oz.	136	114	22		90	77	13		46	38	31	7		8	6	2	
4 lb. 9 oz.–5 lb. 8 oz.	422	393	29		227	213	14		195	180	170	10		15	10	5	
Weight not stated ...	1	—	1		—	—	—		1	1	—	1		—	—	—	
TOTAL	645	532	113	82·5	373	305	68	81·8	272	243	209	34	86·0	29	18	11	62·1
1947																	
Up to 2 lb. 8 oz. ...	31	4	27		26	4	22		5	3	—	3		2	—	2	
2 lb. 9 oz.–3 lb. 8 oz.	51	12	39		27	9	18		24	19	3	16		5	—	5	
3 lb. 9 oz.–4 lb. 8 oz.	131	106	25		88	76	12		43	41	29	12		2	1	1	
4 lb. 9 oz.–5 lb. 8 oz.	395	372	23		236	223	13		159	149	143	6		10	6	4	
TOTAL	608	494	114	81·2	377	312	65	82·8	231	212	175	37	82·5	19	7	12	36·8
1948																	
Up to 2 lb. 8 oz. ...	25	3	22		21	2	19		4	2	—	2		2	1	1	
2 lb. 9 oz.–3 lb. 8 oz.	47	20	27		33	16	17		14	9	3	6		5	1	4	
3 lb. 9 oz.–4 lb. 8 oz.	111	91	20		77	66	11		34	29	23	6		5	2	3	
4 lb. 9 oz.–5 lb. 8 oz.	355	332	23		204	189	15		151	141	134	7		10	9	1	
TOTAL	538	446	92	82·9	335	273	62	81·5	203	181	160	21	88·4	22	13	9	59·1
1949																	
Up to 2 lb. 8 oz. ...	39	1	38		32	1	31		7	7	—	7		—	—	—	
2 lb. 9 oz.–3 lb. 8 oz.	50	18	32		37	13	24		13	8	2	6		5	3	2	
3 lb. 9 oz.–4 lb. 8 oz.	102	81	21		70	60	10		32	23	17	6		9	4	5	
4 lb. 9 oz.–5 lb. 8 oz.	307	288	19		192	175	17		115	109	107	2		6	6	—	
TOTAL	498	388	110	77·9	331	249	82	75·2	167	147	126	21	85·7	20	13	7	65·0
1950																	
Up to 2 lb. 8 oz. ...	29	2	27		26	2	24		3	—	—	—		3	—	3	
2 lb. 9 oz.–3 lb. 8 oz.	48	25	23		39	20	19		9	8	5	3		1	—	1	
3 lb. 9 oz.–4 lb. 8 oz.	114	91	23		81	64	17		33	22	20	2		11	7	4	
4 lb. 9 oz.–5 lb. 8 oz.	321	302	19		214	203	11		107	101	94	7		6	5	1	
Weight not stated ...	3	1	2		—	—	—		3	1	—	1		2	1	1	
TOTAL	515	421	94	81·7	360	289	71	80·3	155	132	119	13	90·2	23	13	10	56·5
TOTAL, years 1946-50	2804	2281	523	81·3	1776	1428	348	80·4	1028	915	789	126	86·2	113	64	49	56·6

NOTE.—Records have been kept of all cases notified from 1-1-46 ; as a result, the total figure for 1946 includes nine prematures babies who were born at the end of 1945.

HOME NURSING

The arrangements of the City Council for the provision of a Home Nursing Service, as required by the National Health Service Act, 1946, came into operation on 5th July, 1948. On this date, the whole of the nursing staff of the Sheffield Queen Victoria District Nursing Association, which for many years had provided a domiciliary nursing service in the City, was brought into the service of the Council and became part of the staff of the Public Health Department. The nursing service which was administered by the Woodhouse District Nursing Association also came under the direct administration of the Council.

In addition, arrangements were made with the Intake, Gleadless and Hollinsend Nursing Association, the Darnall and District Medical Aid Society and the Tinsley and District Nursing Association to provide home nursing on an agency basis. The Home Nursing Service of the City, constituted as described in these paragraphs, was co-ordinated with the other health services of the City.

Since these arrangements were made, all these voluntary associations have ceased to act as agents, and the nurses of the Darnall and District Medical Aid Society and the Intake, Gleadless and Hollinsend Nursing Association have been transferred to the direct employment of the City Council. These nurses have continued to meet the Home Nursing requirements of their respective areas. Thus the whole of the Home Nursing Service in the City is now under the direct administration of the Council. The Intake, Gleadless and Hollinsend Nursing Association ceased to operate as an agent on 31st March, 1951. Home Nursing in the area previously served by the Tinsley and District Nursing Association is now provided from the Princess Mary Nurses' Home. The valuable co-operation of these voluntary associations since the inception of the Home Nursing service is greatly appreciated.

There are two principal Nurses' Homes, these being the Johnson Memorial Home and the Princess Mary Nurses' Home, from which the nurses employed by the Council operate; there are subsidiary homes in the Handsworth, Manor, Woodhouse, Intake and Darnall areas.

At the end of the year 1950 there were 56 District Nurses—34 full-time and 22 part-time—directly employed by the Council and three employed by the voluntary organisation acting as agent of the Council. All these nurses are specially qualified in the nursing of patients in their own homes, in addition to being State Registered Nurses, and the majority are also qualified midwives. All necessary advice and attention is thus available to persons who are nursed or confined at home.

The work carried out by the nurses during the year 1950, is summarised as follows :—

Number of cases of notifiable and other diseases attended by the District Nurses :—

Under five years of age	93	
Aged five to fifteen years	85	
Aged fifteen years or over	5,416	
		5,594

Number of new cases added to the Register in the period :—

Referred by Medical Practitioners	3,146	
Referred by Hospitals	741	
Personal application at Nurses' Homes	404	
Referred from Maternity and Child Welfare Centres	129	
Personal application at Home Nursing Centre	23	
Referred by Social Workers	2	
		4,445

Classification of new cases :—

Medical	3,196
Surgical	959
Gynæcological	116
Maternity	174
	4,445

Number of cases removed from the Register in the period :—

Convalescent	1,910	
Admitted to Hospital	748	
Died	829	
Removed for other reasons	857	
		4,344

The nurses made an aggregate of 143,075 visits during the year. These were for a great variety of forms of illness. They included :—10,918 visits to cases of Cancer, 1,467 to cases of Pneumonia and 2,495 to cases of Tuberculosis. On the average, each nurse attended a total of 100 cases during the year, with an average of 2,555 visits.

Sitters-in in Home Nursing Cases.

The provision of a service whereby Sitters-in may attend persons being nursed at home is being considered. It is often difficult to arrange the admission into hospital of the aged sick owing to the lack of accommodation, and this service would be particularly useful with regard to those aged sick who live alone or require constant attendance. Many aged persons living alone have no reliable source of help in time of illness or have few contacts in their immediate neighbourhood. Those with families are in a more fortunate position as a system of sitting-in is often agreed upon by the relatives. However, the need for constant attendance throws a great strain on the persons involved and may be the cause of much domestic upheaval, especially where the family is small or widely dispersed.

If suitable women could be employed for this work, and carry out their duties in conjunction with the medical practitioner, home nurse and domestic help, much benefit would be derived by the aged persons and their families. The expense involved would be offset by the saving of the heavy cost of maintaining a patient in hospital and the freeing of hospital beds for urgent cases.

VACCINATION AND IMMUNISATION

On 5th July, 1948, the Appointed Day under the National Health Service Act, 1946, the Vaccination Acts ceased to have effect and the compulsory vaccination of infants against Smallpox and the functions of Public Vaccinators came to an end. Under the new Act the City Council has the duty of making arrangements with all medical practitioners to provide free vaccination against smallpox and also free immunisation against diphtheria for all Sheffield residents who desire these services. Facilities are also available for vaccination and immunisation at Maternity and Child Welfare Centres, at Nurseries and at School Clinics by the Local Health Authority's own medical staff. The practitioner obtains the vaccine lymph and diphtheria prophylactic from a central store which has been established at the Laboratory at the City General Hospital.

In every case in which a medical practitioner undertakes vaccination or immunisation, he is asked to complete and send to the Medical Officer of Health a record card giving all the details which are necessary to maintain accurate records and facilitate payment.

Separate Reports follow with regard to the services of Vaccination and Immunisation :—

VACCINATION.

Information is given in the statement below relating to primary vaccination and revaccination in 1949 and 1950, and also, for purposes of comparison, in the period from 5th July to 31st December, 1948, the preceding months of 1948, and in the full year 1947.

VACCINATION AND REVACCINATION—YEARS 1947-1950.

Year.	Aged under 1 yr.	1 and under 5 yrs.	5 yrs. and under 15 yrs.	15 yrs. and over	Total
PERSONS VACCINATED					
1947	3,319	1,907	20	13	5,259
1948 (1st January to 4th July)	569	1,632	10	3	2,214
*1948 (5th July to 31st December)	747	36	12	26	821
*1949	565	584	30	90	1,269
*1950	705	1,058	82	145	1,990
PERSONS REVACCINATED					
1947	—	—	—	—	—
1948 (1st January to 4th July)	—	—	—	—	—
*1948 (5th July to 31st December)	—	1	2	59	62
*1949	—	3	25	225	253
*1950	—	20	31	396	447

* As regards these periods the age quoted is that at 31st December. In previous periods it is the age when vaccinated.

It will be seen that following the introduction of voluntary vaccination there has been a very marked decline in the number of primary vaccinations. In fact, the average number of persons vaccinated per month in this period fell to 32 per cent. of the monthly average for the year 1947. This decline, however, was arrested during the year 1950, the monthly average rising to 38 per cent. of that for the year 1947.

Infant vaccination provides young children with an immunity against smallpox, which can be expected to last at least until the age of beginning school ; it also ensures that the vaccination, performed perhaps as an emergency measure or as a routine procedure required by reason of service in the Forces or travel to a country where smallpox is prevalent, will be less likely to cause a severe local reaction resulting in temporary disability, or to be followed by encephalomyelitis, which is a rare but serious complication, especially in those vaccinated for the first time in adolescence.

The Ministry of Health Memorandum on Vaccination against Smallpox, issued in 1948, recommends the " multiple pressure technique " of introducing the vaccinia virus into the deeper layers of the epidermis. The operation is almost painless and severe local reactions are less likely than with the previous methods of linear insertion. The above technique consists of pressing the side of the needle point about 30 times into the area of skin covered by the drop of lymph.

DIPHTHERIA IMMUNISATION.

An efficient Diphtheria Immunisation Service existed in Sheffield since 1941 and it was not greatly changed by the introduction of the National Health Service Act, 1946.

A total of 5,889 children under 15 years of age completed the course of immunisation in the year 1950, as against 9,230 in 1949. The following statement gives particulars of the number of persons who have been immunised since 1937, the first year in regard to which there are records available :—

	Number of persons who completed the course.			
Year.	Aged under 5 yrs.	5 yrs. and under 15 yrs.	15 yrs. and over.	Total.
1937-40	347	241	—	588
1941	4,335	5,530	76	9,941
1942	8,995	22,145	257	31,397
1943	6,965	14,461	626	22,052
1944	5,489	2,669	51	8,209
1945	7,213	1,881	27	9,121
1946	7,717	1,660	16	9,393
1947	8,133	1,408	39	9,580
1948	8,511	817	10	9,338
1949	7,655	1,575	49	9,279
1950	5,201	688	17	5,906
TOTALS	70,561	53,075	1,168	124,804

It will be appreciated that within these age groups there is a considerable movement year by year owing to children attaining to a higher age group. After adjustment for this circumstance the records show the number of persons in the various age groups who had been immunised up to 31st December, 1950, to be as in the statement below :—

	Aged under 5 yrs.	5 yrs. and under 15 yrs.	15 yrs. and over.	Total.
Number of persons immunised as at 31st December, 1950	25,094	62,768	36,942	124,804

Importance is attached to the necessity of each child who has been immunised in infancy being given a reinforcing injection at the age of five years, or when entering school. The following statement shows the number of children in the age group of five and under 15 years who have been given these injections from the outset, in May, 1944, until 31st December, 1950 :—

Year.	Number of children given reinforcing injections.
1944 (8 months)	1,972
1945	2,311
1946	5,006
1947	3,515
1948	4,146
1949	5,325
1950	3,603

The following statement gives a classification of primary immunisations completed and reinforcing injections given in the year 1950 :—

	Primary immunisations	Reinforcing injections
At Maternity and Child Welfare Centres ..	3,357	—
By School Health Service	864	2,673
At Hospitals	38	—
By General Medical Practitioners	1,647	930
TOTALS	5,906	3,603

Constant efforts are made to encourage more children to be immunised and parents are made aware, by every possible means, of the importance of availing themselves of this service in order that their children may obtain immunity. 58·74 per cent. of all children under five years of age and 87·98 per cent. of all children between 5 and 15 years of age in the City had been immunised by the end of 1950, as against 60 per cent. and 88 per cent. respectively at the end of 1949. During 1950, general medical practitioners carried out 27·88 per cent. of all immunisations as against 21 per cent. in 1949, 17 per cent. in 1948 and 11 per cent. in 1947. It is very pleasing to see this volume of preventive medical work being done by general practitioners.

There was no confirmed notification of diphtheria in the under 15 years age group in 1950, and no death, which compares very favourably with the 875 notifications and 21 deaths in this group eleven years ago, in the year 1939, when very few children were immunised. Thus it would seem that mass immunisation has not only protected the large numbers of children inoculated but has also had the effect of lessening the likelihood of the disease occurring amongst the relatively small number of non-immunised children now remaining.

No arrangements have so far been made for protective inoculation against any diseases other than smallpox and diphtheria, although much research is proceeding throughout the country with a view to developing an effective whooping cough prophylactic.

At the request of the Minister of Health, Sheffield, like other Local Authorities, also supervises the certificates of inoculation against certain diseases for persons travelling abroad.

AMBULANCE SERVICES

The arrangements made by the City Council in July, 1948, for the provision of ambulance facilities in accordance with the requirements of Section 27 of the National Health Service Act, 1946, have been continued, and the unified services set up under the administration of the Health Committee have been operated without any major modification. The provisions of Section 24 of the National Health Service Amendment Act, 1949, were applied as from 1st March, 1950. This section placed the financial responsibility for the conveyance of certain persons, discharged from hospital within three months of admission, upon the authority from whose area they originally travelled.

The administrative centre and operational depot of the Service is at the Ambulance Station in Corporation Street ; 27 ambulances and four sitting case cars are sited at this Station, and a twenty-four hour service is provided for the conveyance of non-infectious cases. Four ambulances continue to operate from the Lodge Moor Hospital Station for cases of an infectious nature.

In addition to the services instituted under the Act dealing with Sheffield cases, arrangements have been made for mutual assistance with adjoining Authorities and, at the request of the West Riding of Yorkshire and Derbyshire Authorities, ambulance cover is provided in certain parts of their areas which are adjacent to the City. The agreements made with these Authorities include both routine and emergency calls. The arrangements for transmission and servicing of accident calls have been made applicable to an area coinciding with the Sheffield Telephone Exchange area which extends into both the West Riding of Yorkshire and Derbyshire.

Agency arrangements were made between the Council and the British Red Cross (Sheffield Division) and the St. John Ambulance Brigade (Sheffield Corps) for the provision of an ambulance for occasional long distance journeys, and these voluntary organisations have each placed one ambulance at the disposal of the Service, as and when required.

Duties Undertaken. A result of the implementation of the Amendment Act has been a slight decrease in the total mileage run, as some authorities prefer to convey the discharge cases for which they had a financial responsibility. Nevertheless, there has been an increase of approximately 10 per cent. in the number of patients carried and there has also been a considerable increase in the work done for other authorities.

In the main, the journeys undertaken have been associated with the conveyance of patients to and from Sheffield Hospitals and Treatment Centres, but, as mentioned above, the facilities provided are not limited to residents within the City, and a number of longer journeys have been made for conveying patients from Sheffield to more distant destinations.

A total of 278 long distance journeys, of over eighty miles each, were undertaken and they were connected mainly with the discharge of patients from Sheffield Hospitals ; but 72 journeys were made to the Ministry of Pensions' Hospitals and Limb Fitting Centres at Leeds, and 81 journeys to Convalescent Homes situated at Skegness and West Kirby were also undertaken. Altogether, a distance of over 43,000 miles was covered in performing these long distance journeys.

The destinations of the various long distance journeys made during the year, with the number of visits to each shown in parentheses, were as follows :—

Ashton-under-Lyne, Lancs. (1), Beeston, Notts. (1), Binbrook, Lincs. (1), Birmingham (10), Blackburn (1), Boston (8), Brigg, Lincs. (1), Burton (1), Chapel St. Leonards, Lincs. (1), Cleethorpes (1), Colchester (1), Coventry (1), Derby (8), Durham (1), East Kirkby, Notts. (1), Fairwarp, Sussex (1), Filey, Yorks. (1), Grantham (2), Grimsby (6), Harpenden, Herts. (1), Halifax (1), Harlech (3), Hessle, Yorks. (1), High Wycombe, Bucks. (1), Hinckley, Leics. (1), Holbeach, Lincs. (1), Horncastle, Lincs. (1), Hull (5), Hunstanton, Norfolk (2), Ilkeston, Derbys. (1), Ilkley, Yorks. (10), Leeds (72), Leicester (6), Lincoln (3), Liverpool (3), London (2), Loughborough (1), Louth, Lincs. (1), Malton, Yorks. (1), Manchester (6), Middlesbrough (1), Newcastle (1), Northampton (3), Northwich, Cheshire (1), Nottingham (5), Oswestry, Salop (5), Preston (2), Redditch, Worcs. (1), Sandbach, Cheshire (1), Scarborough (3), Skegness (72), Skipton, Yorks. (2), Sleaford, Lincs. (2), Southport (1), Spalding, Lincs. (2), Sutton-in-Ashfield, Notts. (1), Ulceby, Lincs. (1), West Bromwich (1), West Kirby, Cheshire (9), Wickenby, Lincs. (1), Widnes, Lancs. (1), Wigan (1), Winchester (1), Winterton, Norfolk (1), Withernsea (3), Wrexham, Denbighshire (1), Yiewsley, Middlesex (1).

A small number of the above 295 destinations were combined in single journeys, the actual number of journeys made being 278.

Special arrangements are made to deal with calls of an urgent nature, and emergency ambulances conveyed 4,337 patients as a result of either accident or sudden illness. There were also 23 calls for transport to convey hospital doctors and nurses to maternity patients requiring blood transfusion or other urgent services in their homes.

Cars were made available for the use of Municipal Midwives in the night hours when ordinary transport was not available, or in other emergencies, and there were 774 requests for this service. In addition, a further 230 journeys were made in delivering nitrous oxide cylinders to midwives.

SUMMARY OF PATIENTS CARRIED AND MILEAGE RUN DURING THE YEARS 1949 AND 1950.

	Year 1949		Year 1950	
On whose behalf.	Number of Patients carried.	Mileage run.	Number of Patients carried.	Mileage run.
Sheffield City Council	93,326	440,043·1	100,133	402,792·3
West Riding County Council	463	7,251·5	1,333	14,602·6
Derbyshire County Council	4,830	33,334·9	5,901	49,535·6
Other Authorities	30	652·3	200	9,291·9
TOTALS	98,649	481,281·8	107,567	476,222·4

Staff.—The provision of a twenty-four hour service necessitates all members of the operational staff working shift duties. Drivers and attendants are required to hold First Aid qualifications and the majority of them have attained medallion proficiency. It is also a condition of their service that they attend refresher courses at reasonable intervals and during the year a series of lectures in First Aid and kindred subjects has been held on the premises of the Ambulance Station.

Notwithstanding the very frequently urgent nature of the work in this service, there have been remarkably few accidents during the year and, of the 41 ambulance drivers entered for the National Safe Driving Competition for the year 1950, there were nine drivers who received a bar to the five years' medal, two qualified for the five years' medal and 23 drivers were awarded the diplomas issued by the Royal Society for the Prevention of Accidents.

Maintenance of Vehicles.—The maintenance and repair of vehicles is carried out on the premises, and a staff of four mechanics and one apprentice is engaged on this work.

During the year two new ambulances were received and orders were placed for two new cars.

One of the ambulances was specially designed for the long distance transport of sitting patients. Accommodation is provided for 12 sitting patients, all seats facing forward, or, by simple conversion, one stretcher case and eight sitting patients.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

The Care and After-Care Service, instituted during 1948, in accordance with the requirements of the National Health Service Act, 1946, is concerned with the prevention of illness, the care of persons suffering from illness and the after-care of such persons.

In the year under report the co-operation of the Service has been sought on an increasing scale and the scope of the services has been considerably widened.

The Service links up very closely with all the Social Services (both statutory and voluntary) and, indeed, the whole structure of the Care and After-Care Service depends upon the full co-operation of the general practitioners, hospital consultants, health visitors, hospital almoners and social workers in general.

It is important, too, that a personal approach is made to the problems of each patient and a suitable relationship established. To this end, the patients and their families are encouraged to fully discuss their worries in the confidence that the workers in the Service are willing to appreciate the extent and effect of their difficulties. In addition, it must not be regarded as sufficient that the patient's immediate needs are satisfied and periodic visits are made to ensure, as far as possible, the continuance of the proper care and comfort of the patient.

As regards the care of tuberculous persons, there is liaison between the Care and After-Care Service and the specialist Medical Officers engaged in the Tuberculosis Service, which ensures that there is an early visit made by a Health Visitor to the home of any person notified as suffering from Tuberculosis. Any special need is reported and at once given attention. In addition, close co-operation exists between the Service and the almoners of the hospitals and other institutions. The Health Visitors visit the homes of patients at the request of the almoners, and it has been found that considerable benefit to the patient often results.

Patients and their families are being assisted in such ways as the following :—

Tuberculosis.—Upon the retirement of the Male Social Worker in May, 1950, the Health Visitors took over his duties, which included the primary visiting of newly notified cases of tuberculosis. A report on the home conditions is obtained and discussed with the medical officer, and arrangements are made for all contacts of the patient to attend the Chest Clinic for examination. Thereafter, the Health Visitors make periodic visits to the homes of notified cases and report to the Medical Officer of Health any special requirements of the patients, the appropriate action being taken as soon as possible. Every effort is made to keep in touch with patients until such time as further supervision is no longer considered necessary.

During the year 1950, the Health Visitors made a total of 6,370 visits to the homes of tuberculosis patients and the Male Social Worker made a total of 456 visits. Thus there were, in all, 6,826 visits, as detailed in the statement below :—

VISITS BY HEALTH VISITORS :—		
Tuberculosis of Lungs :—		
For general investigation	5,106	
Re home conditions upon discharge from Sanatoria	616	
		5,722
Other Forms of Tuberculosis :—		
For general investigation		648
TOTAL		6,370
VISITS BY MALE SOCIAL WORKER :—		
Tuberculosis of Lungs :—		
For investigation of new cases	256	
Periodic re-visits to positive cases	29	
		285
Other Forms of Tuberculosis :—		
For investigation of new cases		33
All Forms of Tuberculosis :—		
For general investigation		138
TOTAL		456

Beds and bedding are loaned to necessitous infectious cases of Tuberculosis of the Lungs, in order that they may have a separate bed and, where possible, a separate bedroom. Details of the articles loaned during the year 1950 are as follows :—

80 Bedsteads ; 83 Mattresses ; 62 Mattress Covers ; 332 Sheets ; 216 Blankets ; 167 Pillows ; 212 Pillow Cases.

Where it is found to be desirable that a family in which there is an infectious case of Tuberculosis should be re-housed, efforts are made to provide suitable accommodation on the Corporation Estates, by arrangement between the Estates and Health Committees. As a result of the visits made by the Health Visitors to the homes of tuberculous persons during the year 1950, there were 90 cases where the environmental conditions were unsatisfactory and re-housing of the patients was desirable. 98 families were re-housed in the year. Since the inception of this scheme, in the year 1928, 915 families have been re-housed on Corporation Estates. At 31st December, 1950, there were 379 families living on the Estates under these special arrangements.

The National Assistance Board has given valuable co-operation and a liaison exists between the Board's officers and the After-Care Service, each seeking the other's advice as required. The Board has been generous in making Exceptional Needs Grants to meet the urgent requirements of patients and their families, such as the purchase of new clothing, bedding, household utensils, decoration of the home, etc., which the family would otherwise be unable to afford.

Mass Miniature Radiography.—The Mass Radiography Unit of the Sheffield Regional Hospital Board is concerned with the early diagnosis of Pulmonary Tuberculosis and other chest conditions.

The Unit is engaged for three-quarters of each year in industrial, commercial, etc., surveys away from the Centre in Ellen Street. The apparatus moves from site to site, and wherever space permits an X-ray Department is improvised, together with dark-room and projection-room facilities—chest X-ray is thus carried out on private premises. During 1950, the Unit operated at 12 external sites, involving 14 removals of all apparatus and accessories.

The liaison with employers has continued to be very good, and much valuable assistance has been given by Industrial Labour and Welfare Officers, resulting in a high percentage response from the employees.

Response to the " Open Sessions " held at the Centre during the winter months was heavier than in previous years, and the Schools and Colleges Survey arranged in liaison with the School Medical Officer produced an increased number of senior pupils for examination.

In the year under report, 31,312 examinations—18,683 males and 12,629 females—were carried out during surveys in the Sheffield City area. 87 Tuberculous suspect cases, consisting of 48 males and 39 females, were referred to the Sheffield Chest Clinic for further examination.

Venereal Disease.—Owing to the shortage of staff on the Health Visiting side, it has not been possible for a Health Visitor to be seconded for duty in connection with the Care and After-Care Service which deals with Venereal Disease, but special investigations are carried out when necessary.

Other Illness (or illness generally).—In this field, the staff of Health Visitors is associated with the Care and After-Care Service and is playing an increasing part in the health education, not only of the patient, but of the whole family unit.

The arrangements made in 1949 whereby certain Health Visitors are attached to the Hospitals, the Chest Clinic and the Radium Centre as part of their work, with a view to providing an interchange of information regarding the environmental conditions of patients entering the various hospitals or attending other institutions, and also to obtain any relative information regarding patients who are discharged and for whom the After-Care Service may be able to provide further assistance, continued satisfactorily during 1950. Under this scheme, 487 cases were referred by the almoners and, as a result of reports made by the Health Visitors to the Service, much assistance has been given in dealing with the many social problems associated with ill-health.

Another pleasing feature has been the continued close association with the general practitioners. Apart from referring patients for convalescence, nursing equipment, etc., the assistance of the service has been sought in dealing with domestic problems that often arise when illness occurs in a household. It is felt that in this direction most valuable assistance can be given by the Care and After-Care Service.

Close liaison also exists with the Mental Welfare, Blind Welfare and Social Care Services and every assistance is given to the persons referred by these services. The blind, mental defectives and aged persons often present difficult problems but everything possible is done to satisfy their needs. The position is constantly under review by all concerned, and it is hoped that schemes will soon be available for the benefit of these persons. Wheel-chairs have been loaned to mental defectives in order to enable them to be taken out-of-doors, and careful consideration is being given to the provision of convalescence facilities for blind persons and the temporary boarding-out of mentally defective children where the great strain undergone by the mother in these cases is resulting in her illness. As regards the aged sick, certain cases have been reported where the facilities for their care at home were unsatisfactory, and through the kind co-operation of Dr. K. J. G. Milne, Medical Consultant at the Firvale Infirmary, priority admissions to hospital have been arranged.

PROVISION OF NURSING REQUISITES FOR PERSONS CONFINED OR NURSED AT HOME.

The arrangements which were made with a number of voluntary and other organisations as agents of the Council, for the loaning of articles of nursing equipment and apparatus from their stores of these requisites to patients who are being confined or nursed at home, continued throughout the year. As time goes on, the intention is to acquire the equipment of any of these organisations wishing to dispose of it, so that it may be brought into the arrangements for direct distribution by the Care and After-Care Service. The Council's own stocks of nursing requisites have also been increased by direct purchases from time to time, and depots from which these articles may be loaned are established at the Care and After-Care Centre at Town Hall Chambers in Fargate, at Johnson Memorial Nurses' Home in Endcliffe Crescent, at Meersbrook Vestry Hall and at Norton Rectory. Arrangements have also been made for depots to be established at the Firth Park and Manor Maternity and Child Welfare Centres.

The articles are loaned free of charge for a period of three months. Renewal of the loan may be made on application after this period has expired. The scheme operates on a basis of mutual assistance, centred around the Care and After-Care Centre, so that any depot in short supply of any articles can refer the applicant to the Central Office or other convenient centre and every effort is made to satisfy the applicant's requirements. It is usual for the depots to communicate by telephone before redirecting the applicant, thereby saving fruitless journeys. It has been found that this scheme works very well, and persons have been afforded the loan of articles without undue delay or trouble.

The following are particulars of nursing requisites loaned by the several organisations participating in this scheme and also of the requisites loaned directly by the Council during the year 1950 :—

Requisites loaned by Voluntary and other Organisations as Agents of the Council.

Articles.	Number of articles loaned.
Air Cushions and Rings	385
Bed Blocks	28
Bed Cages	23
Bed Pans	404
Bed Rests	248
Breast Pumps	13
Bed Tables	27
Crutches (pairs)	226
Enema Syringes	36
Feeding Cups	31
Hot Water Bottles	40
Inhalers	4
Invalid Chairs	72
Rubber Sheets	306
Sorbo Cushions	2
Sputum Cups	10
Steam Kettles	7
Urinals (Male)	125
Urinals (Female)	24
Walking Sticks	2
Water and Air Beds	9
Total Articles	2,022

REQUISITES LOANED DIRECTLY BY THE COUNCIL.

Articles.	Number of articles loaned.
Air Cushions and Rings	328
Bed Cages	9
Bed Pans	243
Bed Rests	107
Bed Tables	1
Commodes	15
Crutches	57
Crutches (Elbow)	2
Dunlopillo Mattresses	15
Enema Syringes	17
Feeding Cups	23
Hot Water Bottles	2
Invalid Chairs	110
Rubber Sheets	287
Sputum Cups	5
Steam Kettles	2
Urinals (Male)	126
Urinals (Female)	11
Walking Sticks	40
Water and Air Beds	26
Water Pillows	1
TOTAL ARTICLES	1,427

CONVALESCENCE FACILITIES.

The arrangements for providing convalescence facilities for persons who have been ill, but whose active period of treatment is over, continued throughout the year. Twelve beds for males are reserved at the North Eastern Counties Friendly Societies' Convalescent Home, Grange-over-Sands ; the Hunstanton Convalescent Home provides accommodation for up to six women and ten children, and the Charnwood Forest Convalescent Home provides accommodation for up to ten children. The Hunstanton Convalescent Home is closed from 1st December to 28th February each year, and women have been sent to the West Hill Convalescent Home, Southport, during this period. In addition, certain patients disqualified from admission to the Convalescent Homes at Grange-over-Sands and Hunstanton (*e.g.*, those suffering from asthma, or those on light diets, etc.) have been referred to Southport. Patients requiring special diets are disqualified from admission to most Convalescent Homes, but it has been possible to arrange the admission of such cases to the Sheffield Works' Convalescence Association's Homes at Ashover and Matlock. Patients unable to undertake long journeys are also referred to the last mentioned Homes.

The Almoner of the Children's Hospital has referred certain children under school age with a view to the Local Authority being responsible for maintenance of these children in Convalescent Homes after their active period of treatment is over. It is often extremely difficult to obtain the admission of very young children to Convalescent Homes, but cases have been accepted at the Sefton Convalescent Home for Babies.

Patients are accepted for an initial period of convalescence of two weeks, with provision for extending this if necessary. In all cases, a recommendation of a medical practitioner is required and all the circumstances are investigated by the Care and After-Care Service before a patient is admitted to a Convalescent Home. A scale of weekly charges is laid down, the amount payable being assessed in relation to the family income.

In cases where patients may lack confidence about the journey to the Convalescent Home, efforts are made to introduce them to other patients travelling at the same time, in order that they may be of mutual assistance and their worries reduced to a minimum. When children are travelling to the Hunstanton Convalescent Home, arrangements are made, through the Care and After-Care Service, for them to be accompanied by suitable adult patients travelling at the same time. The parents of the children are introduced to the temporary guardians, in order that there should be no confusion and that parents may be satisfied as to their children's welfare during the journey ; a member of the staff of the Care and After-Care Service is also present at the station to ensure that the arrangements for the care of the children are satisfactory.

During the year 1950, there were 189 cases in which convalescence facilities were provided, as compared with 165 in 1949. These admissions may be summarised as follows :—

	Adults		Children		Total
	M	F	M	F	
North Eastern Counties Friendly Societies' Convalescent Home, Grange-over-Sands	46	—	—	—	46
Hunstanton Convalescent Home	—	94	—	—	94
West Hill Convalescent Home, Southport	1	26	—	—	27
Sheffield Works' Convalescence Association's Home (Matlock)	—	13	—	2	15
,, ,, ,, ,, (Ashover)	4	—	—	—	4
Charnwood Forest Convalescent Home	—	—	1	—	1
Sefton Convalescent Home for Babies	—	—	—	2	2
Totals	51	133	1	4	189

Highly satisfactory reports regarding the Convalescent Homes have been received from patients upon their return to Sheffield, and the great majority of patients have derived considerable benefit from their visits to the Homes.

Information is recorded with regard to Convalescent Homes other than those already mentioned, in order that their services, some of which are of a specialist nature, may be utilised if necessary.

B.C.G. VACCINATION AGAINST TUBERCULOSIS.

Arrangements for the vaccination by B.C.G. of children who have been exposed to the risk of infection from Tuberculosis, especially babies born into tuberculous households, came into operation in October, 1949.

Particulars of contacts vaccinated are forwarded to the Medical Officer of Health and special " follow-up " visits are made by Health Visitors.

Certain tests are carried out before vaccination, and only those who do not react to these tuberculin tests receive B.C.G. It is important to avoid contact with known sources of infection while tuberculin-testing and vaccination are being carried out, and arrangements are made for the segregation of the children to be vaccinated—for six weeks prior to the vaccination and six weeks thereafter—making a total period of three months.

In order to facilitate the segregation for this period an appeal has been made for suitable women to offer their services as foster parents where it is not possible to admit the infectious case to a sanatorium or arrange for the child to be cared for by a relative. At 31st December, 1950, three women were acting as foster parents in this scheme. Prior to being accepted for this work arrangements are made for the foster parents, and all the inmates of their house, to be examined at the Chest Clinic and, if suitable in every way, they are thereafter supervised by the Superintendent Health Visitor, in conjunction with the Children's Officer, whenever they have a child in their care. Where other arrangements cannot be made, the child may be admitted to a Residential Nursery. A scale of weekly charges to the parents for the maintenance of the child whilst it is boarded-out is laid down, the amount payable being in accordance with the family income.

In the year under report 11 children were boarded-out with foster parents or at a Residential Nursery as follows :—

	No. of Children.
Foster-parents	4
Residential Nursery	7
Total	11

In Sheffield, B.C.G. vaccination is carried out by Dr. H. Midgley Turner and Dr. D. H. Anderson, Chest Physicians, Dr. T. Colver, Pædiatrician at the Sheffield Children's Hospital and Dr. J. Lorber, Research Assistant in Tuberculosis at the Sheffield Children's Hospital.

During 1950, 191 Sheffield children were vaccinated with B.C.G. and 250 Sheffield children have received this treatment since the inception of the scheme.

The following statement shows the number of children vaccinated with B.C.G. during the years 1949 and 1950 according to age-groups :—

YEAR	AGE IN YEARS															
	Under 1		1—2		2—3		3—4		4—5		5—10		10—15		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1949	13	11	4	5	3	5	—	2	2	4	2	5	1	2	25	34
1950	33	39	11	15	12	8	5	5	8	7	21	15	7	5	97	94

DOMESTIC HELP

In response to increasing demand, the Domestic Help Service was expanded during 1950. The object of this service, as defined in the National Health Service Act, 1946, is to provide domestic help " for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over compulsory school-age within the meaning of the Education Act, 1944." For convenience these cases have been divided in the Department's records into (*a*) maternity cases and (*b*) general cases.

The Domestic Helps are engaged and paid by the Council and are under the general supervision of the Superintendent Health Visitor. A scale of daily charges for their services has been formulated and the amount payable is assessed according to the income of the family concerned. In cases of unusual circumstances, the full particulars of the case are reported to the Assessment Section of the Maternal, Infant and Nursing Welfare Sub-Committee, for consideration. Application for the services of a Domestic Help is made to the Maternity and Child Welfare Centre, Orchard Place, and, in all cases where it is necessary, and a medical certificate has been obtained, a visit is paid by a Health Visitor in order that there may be a full appreciation of the difficulties of the household.

The duties of a Domestic Help relate to the purely domestic work of the household, such as : cooking and preparation of meals, keeping the house clean, care of children, and shopping ; she does not, of course, do any nursing duties, and she provides her own food whilst at duty.

Domestic help has been provided during the year to a small number of tuberculous cases. These duties are undertaken, with the consent of the patient, by Domestic Helps on a voluntary basis, and before she is allowed to undertake such duties, the Domestic Help is medically examined by Dr. H. M. Turner at the Chest Clinic of the Regional Hospital Board.

During the year 1950, domestic help was supplied to : 221 maternity cases, at which a total of 2,352 full days was worked by the Domestic Helps, and 554 general cases, including 4 Tuberculous cases, at which (making allowance for the fact that most of these were part-time engagements) the equivalent of a total of 11,236 full days was worked. 464 of the general cases were new applications and 86 were re-applications. A full working day consists of two periods of four hours each, and part-time engagements are arranged according to circumstances. The increase in the number of general cases is largely due to the increasing demands made by old people who would otherwise require institutional care.

MENTAL HEALTH SERVICE

Prior to 1913, mental disability of all kinds was dealt with under the Lunacy Act, 1890, and the work was closely associated with the administration of the Poor Law. In 1913, mental deficiency was legally separated from lunacy and, following the passing of the Mental Deficiency Act of that year, local authorities were empowered to establish separate machinery to deal with the disability ; under the Local Government Act of 1929 it became mandatory to do so. These Acts have been amended from time to time, the most important alteration being the provision for the admittance to Mental Hospitals of patients classified as voluntary or temporary patients, as provided for in the Mental Treatment Act, 1930.

In 1913, Sheffield City Council established a Committee which took over the responsibility for mental deficiency in its entirety, leaving lunacy with the Poor Law Authorities. Institutions, residential and non-residential, were provided for mental defectives, and finance, administration and monetary assistance to needy cases were entirely divorced from Poor Law. All the Institutions, except the Occupation Centre, were taken over by the Ministry in July, 1948.

In 1937 the Public Assistance Committee set up a sub-department under experienced officers to deal solely with cases of mental illness, and the work undertaken included observation, certification and assistance in the serious sociological problems which so often accompany admissions to mental hospitals.

The Education Acts of 1944 and 1948 provide an opportunity for an integrated Mental Health Service. All children who are considered ineducable, or who require supervision on leaving special schools, must be reported to the Local Health Authority. This is usually done at the age of five years if the child is found to be ineducable, but may, in certain circumstances, be deferred until the age of sixteen after the child has had an opportunity of receiving Special Education.

In July, 1948, when the National Health Service came into operation, the two separate branches of the Service, the care of the mentally sick and the care of mental defectives, were united, and the final fusion came when both staffs occupied the same offices, in Town Hall Chambers, in January, 1951.

The Mental Health Service of the Local Health Authority is responsible for all mentally defective persons within the area who are not in institutions. When information is received that there is a child who may be a mental defective, the child is visited and the matter discussed with the parents or relatives and a full explanation of the objects of the service is given. The patient is then examined by a medical officer, who decides the condition of the child and, in ascertained cases, determines the degree of mental deficiency and makes appropriate recommendations to the Mental Health Sub-Committee. The majority of the cases remain at home under statutory supervision if the conditions are satisfactory, but a few require to be placed on the institution list. Supervision is effected by the Mental Health Visitors, who advise both patients and parents. Employment is found with sympathetic employers wherever possible. Parents and guardians are guided in matters of hygiene and home control, and the child is seen by the doctor if necessary. If a serious deterioration takes place, steps are taken to obtain institutional accommodation, the necessary legal proceedings being taken by the Petitioning Officer.

Many patients improve after institutional treatment and are allowed out on leave or licence. Before permission is granted, advice from the Mental Health Department is sought by the institution authorities as to the suitability of the proposed home conditions, prospective employment, and on other matters affecting the patient's licence. The licence period varies from one month to six months and is renewable, but it may be revoked at any time, and usually is on a serious misdemeanour on the part of the patient, or if any deterioration in the home care occurs. After a satisfactory probationary period on licence, usually at least two years, the advisability of complete discharge is always considered. It a patient is discharged, the services of the Department are always available and are frequently utilised.

The Occupation Centre offers a very important opportunity for rehabilitating the defective, and patients under statutory supervision and those on licence may attend. Patients are trained in habits of personal hygiene and taught to perform simple tasks in handicraft. Training is developed and continued in the hope that the trainee will ultimately become self-supporting.

Mental illness needs a somewhat different approach from mental deficiency. Once it is established that a case of mental illness falls within the scope of the Department's work, the details of the case are carefully considered in order to decide how it can best be dealt with. If a case requires admission to a hospital for observation it is reported to the Duly Authorised Officer, who arranges admission to the appropriate ward and ensures that the relatives remaining at home are adequately advised and helped with any problem that may be caused by the removal of the patient. Admission is, of course, not necessary in every case, and in association with the general practitioner and after consultation with the relatives, any of the following measures may be taken (*a*) Admission to a hospital other than a mental hospital, (*b*) Treatment within the community with attendance at a mental health clinic, (*c*) Reference to a specialist; on the other hand the patient may be suitable for admission as a temporary or voluntary patient, and the duly authorised officer generally takes the initial steps in these cases also.

Advantage has been taken of the union of the two staffs to give each section an intimate knowledge of the work done by the other, so that a completely unified staff is being developed.

Care and after-care work according to Section 28 of the National Health Service Act now forms a very important part of the work. A Psychiatric Social Worker was appointed in July, 1950, to carry out community care, and this important preventive work is being developed. This work generally concerns neurotic patients, and attempts to prevent mental breakdown or provide for the rehabilitation of the patient. The duly authorised officers and the psychiatric social worker work in the closest association. A most important function of the psychiatric social work is the building up of relationships with the patients, relatives, doctors, employers, officials, etc. Within the short space of time since the appointment of the pyschiatric social worker, the work has increased and demonstrates only too clearly how vast the problem of neurosis is in a city the size of Sheffield. It is anticipated that as this service develops with an adequate staff of trained workers, it will make a valuable contribution in the saving of hospital beds and also in the alleviation of human misery.

When the time comes for patients to be discharged from mental hospitals or mental deficiency institutions, cases who would benefit by after-care are reported by the superintendents to the medical officer of health, who arranges that they shall pass into the care of the appropriate mental health worker, and that any necessary assistance is available. This enables full use to be made of the wide powers provided by Section 28 of the National Health Service Act, 1948.

The co-ordination of the two sections of the Mental Health Service referred to above has proceeded satisfactorily throughout the year.

Dr. F. J. S. Esher, Regional Psychiatrist of the Sheffield Regional Hospital Board, has maintained his sessions at the clinic at the Mental Health Centre, with an increasing number of persons making use of the facilities afforded. This clinic is now frequently used by statutory and other bodies to help them decide on the appropriate method of resolving certain specific social problems.

Dr. Arthur G. Yates is responsible for advising the Magistrates as to the mental state of health of those patients who have been referred to him under the provisions of the Lunacy and Mental Treatment Acts and who are usually in observation wards.

A night and day service, on a rota system, is maintained by the duly authorised officers, and it is noticeable that the calls made on the services of these officers during the night hours do not diminish.

The increasing co-operation between the staff of the Mental Health Service and those of the Regional Hospital Board and Ministry of Labour has again shown good results. Certain patients referred to the Department by the Regional Hospital Board have been enabled to attend rehabilitation courses organised by the Ministry of Labour. As in previous years, satisfactory work has been found for ex-patients in good homes or with sympathetic employers.

Mental Deficiency.—At the end of the year 1950, there were 1,114 mental defectives on the Register, as compared with 1,067 at the end of 1949. The 1,114 cases are classified as follows :—

Cases	Males	Females	Total
Under Statutory Supervision	481	475	956
Under Statutory Supervision and awaiting admission to Institutions	40	36	76
Under Guardianship	1	1	2
On licence from Institutions	35	45	80
	557	557	1,114

Ascertainment.

82 cases of possible mental defect were referred to the Department during the year, in order that they might be examined and their mental state ascertained ; 69 were referred by the Local Education Authority and 13 from other sources. 57 of the cases were ascertained to be mental defectives, one died and the remaining 24 were awaiting examination at the end of the year. 52 cases were placed under statutory supervision, and 5 were admitted to institutions or added to the list of cases awaiting admission to institutions.

Care of Mental Defectives in Their Own Homes.

At 31st December, 1950, there were 1,114 mental defectives living in their own homes under the supervision of the Department. 80 of them were on licence from institutions, two were under Guardianship, and the remainder, numbering 1,032, were under statutory supervision. During the year, 31 cases were removed from the Register of Mental Defectives, as they had proved themselves capable of managing their own affairs without further supervision.

The visiting staff made 4,131 visits to the homes of mental defectives during the year. This number includes, in addition to visits of statutory supervision, visits for the purpose of making reports on the home circumstances of institutional cases in connection with applications for discharge, licence or holiday leave and for the purpose of providing the necessary information in regard to cases due for reconsideration under Section 11 of the Mental Deficiency Act, 1913, as regards certification. The Inspectors also accompanied 98 mental defectives to and from institutions, were present at the medical examinations of 178 cases, and attended at Court in regard to 87 cases.

Occupation Centre.—The capacity of the Occupation Centre at Pitsmoor was increased, during late 1948, by about one-third, and, during the past year, full advantage has been taken of the better amenities and facilities for training. The increased accommodation has made it possible to relieve, to some extent, the heavy pressure on institutional accommodation. Trainees have been admitted for protective purposes whilst awaiting vacancies in institutions. A few patients have been received who have been discharged from institutions on condition that they attend the Centre as a preliminary to taking up employment in the industrial field.

The health of the trainees has been uniformly good, and medical and dental examinations have been made by the Deputy Medical Officer of Health, who found that, generally speaking, the physical condition of the trainees was good. Any defect, e.g., dental defect, was attended to. Parents attended all medical examinations of their children.

At the request of the National Association of Mental Health, one of their full-time students has been given instruction in Occupational Therapy, and the continuation of this procedure is under consideration.

Alterations to the garden carried out by the adult male trainees, were completed during the year, providing a recreation ground which is used during suitable weather for open-air classes.

There were 75 defectives on the register of the Centre at the end of the year : 38 being adult males, five adult females and 32 junior males. The average daily attendance of adults was 40 and of juniors 24. Eight seniors and four juniors were admitted during the year, and 16 seniors and five juniors left the Centre ; five took up employment, five entered institutions, five left due to non-attendance, two were suspended owing to tuberculosis, two went into hospital, and two left because they were unsuitable to continue training. Special transport is provided for the juniors and the crippled seniors to and from the city.

36 patients were taken for 14 days' holiday at the Y.M.C.A. holiday camp near Saltburn in May, 1950.

Parents of the trainees are invited at regular intervals to inspect the work of the children. This is much appreciated.

The Centre is now working at full capacity.

Mental Illness.—When any person is notified to the Department as suffering from mental illness, a Duly Authorised Officer at once visits the home to interview the person and his relatives, with the object of taking all necessary measures for the proper care of the patient. The following statement gives an analysis of the action which was taken with regard to the 727 patients who were admitted to hospital during the year 1950 :—

1. Patients suffering from mental illness and admitted to Fir Vale Infirmary Mental Observation Wards		551
2. Patients admitted to Middlewood Hospital :—		
(*a*) As Voluntary Patients	160	
(*b*) As Temporary Patients	5	
(*c*) On Urgency Orders	3	
	—	168
3. Patients admitted to sick wards of general hospitals		8
Total cases admitted to hospital		727

The 551 cases shown in Item 1 were dealt with as follows :—

(*a*) Certified and admitted to Middlewood Hospital	289
(*b*) Admitted as Voluntary Patients to Middlewood Hospital ..	30
(*c*) Admitted as Temporary Patients to Middlewood Hospital ..	38
(*d*) Discharged following a period of observation	190
(*e*) Died during the period of observation	4
Total	551

In addition, there were 85 visits made by Duly Authorised Officers in relation to cases where it was decided that admission to the observation wards or to hospitals was not the most desirable course in the circumstances. These cases were referred to other sources, such as : psychiatric clinics, the patients' own medical advisers, the Social Care Service, Probation Officers, the Children's Officer, etc.

HEALTH CENTRES

The question of Health Centres has been actively pursued during the year.

It was realised that the premises at the Firth Park Maternity and Child Welfare Centre (part of which had been vacated after their use for some years as a Social Welfare Centre), could be adapted to provide a Health Centre. Discussions to this end were carried on with the doctors in the area, the Sheffield Executive Council and the Ministry of Health. Some of the doctors were prepared to enter the Centre, and plans were made to accommodate six general medical practitioners ; it would be possible to make provision for the following services :—

General Medical Services
Pharmaceutical Services

Maternity Clinic Infant Welfare Centre	together with a nursery for the children of mothers attending the Centre ; and with arrangements for health education, including a projector for health propaganda films

Dental Services
Vaccination and Diphtheria Immunisation
Health Visiting
Care and After-Care Service
Any other Local Health Services which it may be desirable and practicable to provide
Specialist and Ancillary Services.

Much discussion took place, and there was a visit to the Ministry of Health to secure agreement on details before formal proposals were submitted. It was estimated that the adaptation could take place at very little cost.

Unfortunately, the doctors concerned ultimately felt that they could not agree to working in a Health Centre, and, although the premises are still available for adaptation and the various services could be provided, the arrangements are held in abeyance.

HEALTH EDUCATION DURING 1950

Members of the staff of the Department have given a considerable amount of instruction in connection with the undermentioned Courses arranged by the Sheffield College of Commerce and Technology at the Corporation Abattoir, the markets and at other appropriate establishments :—

Building Construction, Sanitary Engineering, Plumbing Science, Sanitary Inspection, Food and Drugs Inspection.

The co-operation of the Public Health Department is essential in the training of the University Medical Student who, during the early part of his clinical training, undertakes a series of visits with Sanitary Inspectors and with Health Visitors in order to gain practical experience of social conditions. The final year medical students also spend eight half days in paying instructional visits to places of public health interest.

Lectures by members of the staff are also given in connection with the courses of instruction for Queen's Nurses, which are held at the Johnson Memorial Home.

Two Courses of 12 lectures were given to pupil midwives at Nether Edge Hospital ; these pupils, Children's Hospital Nurses and student Queen's Nurses also paid instructional visits to the Maternity and Child Welfare Clinics.

Many Girl Guides and Rangers receive instruction in Child Care at the Nurseries and from Health Visitors.

During the year there were three Probationer Sanitary Inspectors in the Department, and one ex-serviceman was attached to the Department for eight weeks during his special course of training as an Inspector. Eight of the Day Nurseries have been approved as Training Nurseries for National Nursery Examination Board students, and four Nurseries are also approved for the training of State Enrolled Assistant Nurses.

One student was attached for training to the Occupation Centre. One Officer attends one night per week at the Club organised by the Sheffield Voluntary Association for Mental Welfare.

Officers from most sections of the Department have also lectured to members of various welfare organisations in the City. 18 parties of visitors were conducted round the Workshops for the Blind.

It will be seen that much of this work is in connection with courses of training, but it is felt that the lectures and demonstrations of a more popular nature have been well worth while in educating members of the public in improved methods of hygiene and child care, and in disseminating information concerning the Public Health Services which are now available.

PUBLIC HEALTH BACTERIOLOGY

By L. Gordon Cook, M.B., Ch.B., D.P.H., Director, Public Health Laboratory,
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Public Health bacteriology for the City of Sheffield is carried out by the staff of the Medical Research Council at the Area Public Health Laboratory, which is housed in the building occupied by the Department of Pathology at the City General Hospital, Sheffield.

Specimens relating to outbreaks or suspected outbreaks of infectious or contagious disease are accepted for examination from the departments controlled by the Medical Officer of Health, with whom close liaison is maintained. In addition, specimens are received from medical practitioners in the City to whom the results of the tests are forwarded direct, but the Medical Officer of Health is informed of all the results.

The Laboratory is open for the receipt of specimens as follows :—

Monday to Friday	9 a.m. to 5 p.m.
Saturday	9 a.m. to 12 noon.

Arrangements have been made with the Medical Officer of Health to provide a collecting box in the Town Hall for specimens sent by general practitioners for examination. The box is cleared twice a day. Arrangements have also been made for the collection and examination on Saturday and Sunday of specimens needing urgent attention. These arrangements also apply during holiday periods.

The Laboratory distributes free on demand vaccines and sera as follows :—

Calf Lymph for smallpox vaccination.
Diphtheria Prophylactics T.A.F. and A.P.T.
Diphtheria Antitoxin.
Typhus Vaccine.
Botulinum Antitoxin.
Adult measles serum (irradiated).
Gamma Globulin.

In addition, arrangements have been made for cholera vaccine to be stocked by a local firm of chemists for supply against prescription.

The country-wide shortage of laboratory animals during the spring, late autumn and winter had only a very slight effect on the work of the laboratory, and it was rarely necessary to refuse specimens requiring inoculation although the Service was hard pressed at times.

The following statement gives a general picture of the work carried out in the field of diagnosis, research and investigation into outbreaks of infectious and contagious disease, in the City of Sheffield only, during the year 1950.

Examination of Milk.

	Number tested.	Number showing tubercle bacilli.
Biological Test	494	38
	Number tested.	**Number satisfactory.**
Other Tests.		
Bacterial count	387	359
Methylene Blue test	381	377
Bacillus coli test	526	446
Turbidity test	27	26
Phosphatase test	396	394

Examination of Water.

During the year, tests were made of five samples of water : from a yachting pool, a swimming pool, a water trough and two paddling pools. The swimming bath water was considered to be satisfactorily chlorinated. The remaining four samples were unsatisfactory, and the following action was taken :—the yachting pool was converted into a lake for boating only, the water trough was demolished, and, of the two paddling pools, one was converted into a pool only for yachting, and the position with regard to the remaining pool, which is a newly-constructed one, is under review pending the carrying out of further sampling. It is almost impossible to keep an open pool, to which persons and animals resort, bacteriologically clean, but the water is under supervision, and efforts are made to deter persons from using the pools to the danger of their health.

General Infectious Diseases.

DIPHTHERIA.

Number of swabs	Number negative to C. Diphtheriæ	Number positive to C. Diphtheriæ
249	245	4

In addition, 11 swabs were examined for diphtheria virulence.

ENTERIC AND SALMONELLA GROUP.	Number of tests.	Number positive.
Blood serum agglutinations	641	34*
Blood cultures	18	4
Fæces and urine cultures	650	59
Samples of food and vomit	29	15
Mice	1	—
Miscellaneous	118	29

* NOTE.—30 of these were probably due to previous inoculation with T.A.B. Only four true cases were identified.

DYSENTERY GROUP.	Number of cases.
Sonne	996

Tuberculosis.

3,969 specimens of sputum were examined for tubercle bacilli and, of these, 901 were positive; many were, however, repeat specimens.

Venereal Diseases.

BLOODS.	Number of tests.	Number positive.
Wassermann test	14,004	992
Kahn test	6,159	2,118
Gonococcal Fixation test	623	85
CEREBROSPINAL FLUIDS.		
Wassermann test	1,419	5

In addition to the above, 204 smears were examined for the presence of gonococcus and, of these, 9 were positive.

Biological Examinations.

On 387 specimens, 764 biological examinations for the diagnosis of tuberculosis were performed, in addition to those already mentioned in the statement of milk examinations. From these, 96 positive cases were diagnosed.

Dysentery.

In the third week of January, 25 cases of sonne dysentery were diagnosed from specimens received at the Laboratory, the outbreak occurring in a day nursery. A week later, of 12 new cases diagnosed, 11 were in the same day nursery. By the middle of February, the epidemic had produced a further 85 laboratory diagnosed cases in the nursery schools and contacts and about 15 others in cases admitted to hospitals in the City.

The epidemic slowly died until, in August, only one new laboratory diagnosed case was reported from the nursery schools.

In November, the outbreak re-appeared with 5 new cases in a day nursery and, at the year end, 16 new cases had been diagnosed in the Laboratory from specimens received from various sources in the City.

Food Poisoning.

There is little of note to report under this heading, other than the following, which is of interest only in so far as it draws attention to the difficulty of diagnosis or identification of the source of the infection through delay in submitting specimens to the Laboratory.

An outbreak of food poisoning occurred among people using a steelworks canteen. About 30 people were affected with diarrhœa and vomiting commencing about 20 hours after the meal. As the outbreak occurred at the week-end, no specimens from the patients were examined until after the symptoms had subsided. All the specimens of fæces submitted proved negative.

Cheese appeared to be the only food eaten in common by the victims, but no pathogens were isolated from samples of the remainder of the batch.

TABLE XXII.—*Public Health Bacteriology—Summary of examinations of specimens at the Public Health Laboratory during the year* 1950.

Examinations of Milk.

For the presence of B. coli	526
For Bacterial count	387
For Methylene Blue test	381
For Turbidity test	27
For Phosphatase test	396
For Biological test for Tubercle Bacilli	494

Examinations of Ice Cream and Ice Lollies.

Number of samples	140

(Other details regarding the examination of ice cream and ice lollies will be found on page 107 of this Report).

General Infectious Diseases.

Blood for agglutination :—	
Abortus group	74
Dysentery group	12
Enteric and Salmonella group	119
Other specimens for Enteric, Salmonella and Dysentery groups :—	
Fæces and Urine cultures	9,253
Food and Vomit	29
Mice Fæces	1
Blood Cultures	18
Hand, Nose and Throat	118
Urines for Organisms	55
Examination of Swabs for Diphtheria	249
Do. Diphtheria Virulence	11
Do. Streptococcal Infections	129
Sputa for Streptococcal Infections	12
Ear swabs for Bacteriological Examination	8
Bloods for Paul Bunnell test	70
Throat swabs for Vincent's organisms	4
Nasal swabs for Staphylococci	32
Sputa for Tubercle Bacilli	75
Blood Cultures for Tubercle Bacilli	11
Other specimens for Biological test for Tubercle Bacilli and General Examination	158
Miscellaneous swabs for Bacteriological Examination	73
Body fluids for Poliomyelitis	6
Body fluids for General Examination	326
	13,194

Venereal Diseases.

Specimens for Wassermann reaction	14,004
Specimens for Kahn reaction	6,159
Specimens for Gonococcal Fixation test	633
Smears for Gonococcus	204
	21,000
Total Number of Examinations	34,194

SANITARY ADMINISTRATION

In the year 1950, the staff of Sanitary Inspectors made a total of 48,119 visits to, and inspections of, dwellinghouses for the investigation and abatement of nuisances under the Public Health Act, 1936 ; a considerable proportion of these nuisances was brought to the notice of the Department by complaints of tenants. These visits and inspections related, in all, to 11,918 houses. Visits of investigation, in regard to infectious and other notifiable diseases and many other visits relating to the general sanitary administration of the City, were also made by the staff of Sanitary Inspectors during the year ; details of these visits are to be found in Table XXIV within this section of the Report.

Infectious Disease—Investigation and Disinfection.—The Sanitary Inspectors made 13,459 visits of investigation during the year, at households where infectious or other notifiable diseases had occurred. In addition, 4,204 homes were visited by the staff of the Disinfecting Station for the purpose of carrying out disinfection at the houses on account of the occurrence of notifiable or other diseases. Beds and bedding, the patient's clothing and other articles which had been in contact with the patient, were collected by the staff and taken away for disinfection by steam.

Treatment of Scabies.—Treatment of Scabies was provided in premises at the Disinfecting Station in Plum Lane. Whenever a case of Scabies is brought to the notice of the Department, every effort is made to induce all the members of the family to undergo treatment. 153 persons, including 85 school children, attended for treatment during the year either as patients or as contacts. The number of persons treated for Scabies has steadily reduced since the peak year of 1942, when 5,729 persons were treated. In all instances, whilst the treatment is being given, the personal clothing is disinfected by steam. In addition, beds and bedding are collected from the homes and steam disinfected, and this was done in the case of 44 families during 1950. After treatment, all cases are followed up by visits to the home by the Health Visitors.

Disinfestation.—The use of D.D.T. for the eradication of insect pests, a service which commenced in 1945, was continued during the year 1950. D.D.T. has proved to be very satisfactory for dealing with bugs, fleas, cockroaches, beetles, crickets, silverfish, steam flies and other insects. The use of D.D.T. has largely replaced Cyanide, and has become the standard method for house disinfestation and for the disinfestation of premises generally. It has been found convenient, according to the circumstances, to apply the D.D.T. either by spraying, in the form of an emulsion, or by distributing it, through a mechanical blower, as a powder containing 10 per cent. of D.D.T. A charge is made to the occupiers of the premises for these services. 434 premises were disinfested with D.D.T. during the year 1950, as follows : 181 Corporation Houses ; 42 other Corporation premises, including Schools, etc. ; 183 private houses ; and 28 miscellaneous premises, such as shops, warehouses, works' canteens, and hospitals, etc.

The use of Cyanide for disinfestation continued on a small scale during the year. 227 families were removed to Corporation Housing Estates during the year, and their furniture and effects were disinfested by Cyanide in air-tight steel containers in order to eradicate bug infestation. The beds and bedding were treated by steam disinfestation.

Cleansing of Verminous Persons.—101 persons attended at the Disinfecting Station during the year for treatment for the eradication of vermin. A special disinfesting bath and cleansing treatment were given in all these cases, and the personal clothing and bedding were disinfested. The use of D.D.T. in common lodging houses and houses let-in-lodgings, from which most of these cases emanate, has resulted in a decreasing number of persons requiring this treatment over the years, as is shown by the following statement of the numbers of persons who attended at the Disinfecting Station for treatment during the previous five years.

Year	Persons who attended for Treatment
1945	343
1946	227
1947	107
1948	65
1949	61

Testing of Drainage Systems.—829 smoke tests and 1,733 colour tests were applied during the year to drainage systems which were suspected of being defective. In certain instances, the staff of the City Engineer's Department collaborated with the Sanitary Inspectors in these tests. Where drains were found to be defective, the Sanitary Inspectors supervised the works of repair or reconstruction. 924 water tests were applied during the year to ascertain whether drains which had been relaid were satisfactory.

Closet Accommodation.—The schemes for the conversion of privies into water closets, for the provision of one water closet for each house in the City, and for the substitution of pail, trough and waste-water closets by pedestal water closets, virtually reached the completion stage some years ago. In the year 1950, two privies were converted into pedestal water closets ; 13 trough closets were converted into pedestal water closets ; and three trough closets were abolished. A few privies and a few pail closets still remain ; these are isolated ones, situated mostly in semi-rural districts where it has not been practicable to provide water closets owing to the fact that sewers or water are not reasonably available.

Houses Let-in-Lodgings.—The Sanitary Inspectors, in collaboration with the Health Visitors, visited houses let-in-lodgings in the City periodically during the year, with a view to remedying defects which were found and ensuring that there was compliance with the bye-laws.

Factories.—The following table gives particulars of the inspections made during the year under Part I of the Factories Act, 1937, and an analysis of the defects which were found, with particulars of the action taken.

TABLE XXIII.—*Inspections under the Factories Act,* 1937, *Part I.*

1.—**Inspections** for purposes of provisions as to health.

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories WITHOUT MECHANICAL POWER in which Sections 1, 2, 3, 4 and 6 are to be enforced	322	85	6	—
(ii) Factories not included in (i) to which Section 7 applies :—				
(*a*) WITHOUT MECHANICAL POWER, but enforcement of Sections 1, 2, 3, 4 and 6 by Local Authorities revoked by the Local Authorities (Transfer of Enforcement) Order, 1938	2	2	—	—
(*b*) Others—*i.e.*, factories WITH MECHANICAL POWER	3,146	726	62	—
(iii) Other Premises under the Act (excluding out-workers' premises) . .	53	26	—	—
TOTAL	3,523	839	68	—

2.—Cases in which **defects** were found.

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1)	12	6	1	1	—
Overcrowding (S.2)	—	—	1	—	—
Unreasonable temperature (S.3) . .	—	—	—	—	—
Inadequate ventilation (S.4) . .	1	1	—	—	—
Ineffective drainage of floors (S.6) . .	4	1	—	—	—
Sanitary Conveniences (S.7)—					
(*a*) Insufficient	33	11	—	4	—
(*b*) Unsuitable or defective . .	74	37	—	7	—
(*c*) Not separate for sexes . .	8	5	—	—	—
Other offences (not including offences relating to Homework)	14	8	4	1	—
TOTAL	146	69	6	13	—

With regard to the duties under Part VIII of the Act, relating to certain work carried out at home by out-workers, Sanitary Inspectors made visits during the year to the premises at which four out-workers were engaged upon work of a kind which requires to be supervised under this part of the Act, viz. : two in occupations connected with electro-plating and two in the making of wearing apparel. None of the premises was in a condition which was injurious or dangerous to the health of the out-workers.

Shops Act, 1934.—Section 10 of the Shops Act, 1934, concerned the health and comfort of employees in wholesale and retail shops and warehouses, or in connection with wholesale or retail trade or business. The section dealt particularly with : the ventilation, heating and lighting of these premises ; the facilities for taking meals and for washing ; and the facilities as to sanitary conveniences. As a result of action taken under this section during the year, there were 22 instances where the owners of the premises, who were not complying in all respects with the provisions of Section 10, took the necessary remedial measures. The Shops Act, 1934, has now been repealed by the Shops Act, 1950, which came into operation on 1st October, 1950.

Preserved Food—Preparation or Manufacture.—During the year there were three new applications received for registration of premises under this heading and registration was granted in each case.

Ice Cream—Sale, Manufacture, etc.—Premises which are used for these trades must be registered under Section 14 of the Food and Drugs Act, 1938. During the year 1950, 230 premises were registered for the sale only of ice cream. Certain premises ceased to be used for the purpose for which they had been registered ; of these three had been registered for the manufacture for sale of ice cream and seven for the sale only of ice cream.

It is a requirement under the provisions of the Ice Cream (Heat-treatment, etc.) Regulations, 1947, that ingredients of ice cream shall be heat-treated after being mixed and that the mixture shall then be cooled until the freezing process is begun. An exception is made in the case of a manufactured product, described as a " complete cold mix ", which can be made into ice cream by the addition of water only and, when reconstituted for manufacture, must be converted into ice cream within one hour of reconstitution. After freezing, the ice cream must be kept at temperature of not more than 28 deg. F. until it is sold. Visits were made to these premises during the year to ensure that the above Regulations were complied with.

The Food and Drugs Acts, 1938 and 1944.

The Milk and Dairies Regulations, 1949.

On the 1st October, 1949, the Milk and Dairies Regulations, 1949, made under the Food and Drugs Acts, 1938 and 1944, came into operation.

At 31st December, 1950, the following registrations had been granted :—

Milk Distributors residing inside the City	623
Milk Distributors residing outside the City	15
Dairy Premises	96

The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

The Milk (Special Designation) (Raw Milk) Regulations, 1949.

On the 1st October, 1949, the above Regulations, made under the powers conferred by the Food and Drugs Acts, 1938 and 1944, came into operation—controlling the treatment and sale of " designated " milk, *i.e.*, " pasteurised' ', " sterilised ", " tuberculin tested " and " accredited ".

At 31st December, 1950, the following licences had been granted :—

Dealers Pasteurisers' Licences	6
Dealers Sterilisers' Licence	1
Dealers Pasteurisers' Licence to pasteurise tuberculin tested milk	3
Licences to use the Special Designation " Pasteurised "	232
Licences to use the Special Designation " Sterilised "	437
Licences to use the Special Designation " Tuberculin tested "	187
Licences to use the Special Designation " Accredited "	2
Supplementary Licence to use the Special Designation " Pasteurised "	7
Supplementary Licence to use the Special Designation " Sterilised "	1
Supplementary Licence to use the Special Designation " Tuberculin tested "	5

Fish Friers' Premises.— At the end of 1950, 409 fish friers' premises were registered in the City under Section 14 of the Food and Drugs Act, 1938. There was one new application for registration during the year and, after investigation, the premises were registered.

Offensive Trades.—New bye-laws in connection with Offensive Trades came into operation on 1st October, 1950. There were nine premises on the Register of Offensive Trades at the end of the year ; these were : two for Rag Washing, two for Fat Melting and Tripe Boiling, and one each for Rag and Bone Dealing, Fat and Bone Collecting, Tripe Dressing, Tripe Boiling and Bone Boiling. All these premises were periodically visited by the Sanitary Inspectors, to ensure that there was compliance with the bye-laws.

Rag Flock Acts, 1911 and 1928.—There are 21 premises in the City to which the above Acts apply, and these are chiefly Upholsterers' and Bedding Manufacturers' establishments. There are no premises where rag flocks are manufactured. In every case where rag flocks were used, they were obtained under a guarantee that they complied with the standard set forth in the Acts.

Canal Boats.—There were no registrations of canal boats in the City during 1950. The Canal Boats Inspector made 141 inspections of boats during the year, the object being to ensure that there was compliance with the requirements of the Public Health Act, 1936. There were altogether 267 persons living on board the boats at the time of the inspections, and these persons were in the following age groups : one in the group of children under five years ; two in the group of between five and 14 years ; and 264 over 14 years, of whom 259 were males and five females. The average number of occupants per boat was 1·89. Except during school holiday periods, a report is sent to the Director of Education whenever a boat is found to have a child of school age on board on arrival in the City.

50 infringements were found, relating to 38 inspections of the boats. All necessary measures were taken in regard to these infringements, and it was not necessary to institute any legal proceedings during the year.

There were no cases of infectious disease upon any of the canal boats in the City during the year and it was not necessary to detain any boats for cleansing or disinfection.

Summary of Visits, etc., of Sanitary Inspectors.—In the table below are given, in summarised form, particulars of the visits and general work of the staff of Sanitary Inspectors in the year 1950 :—

TABLE XXIV.—*Summary of the Work of the Sanitary Inspectors during the year* 1950.

1.	Dwelling-houses affected by nuisances—	
	(*a*) Number of Houses	11,918
	(*b*) Number of Inspections	7,308
2.	Number of Smoke Tests applied to Drains	829
3.	Number of Water Tests applied to Drains	924
4.	Number of Colour Tests applied to Drains	1,733
5.	Visits to Work in progress	7,237
6.	Miscellaneous Visits	33,574
7.	Interviews with Owners or Representatives	1,658
8.	Dwelling-houses where Nuisances abated	11,472
9.	Paving Works supervised	474
10.	Visits for Infectious or other notifiable Diseases	13,459
11.	Visits *re* Overcrowding	448
12.	Visits for Disinfection of Premises	7
13.	Visits to Premises *re* Vermin	5,142
14.	Visits to Nurseries	112
15.	Visits to Dairies	544
16.	Visits *re* Offensive Trades	72
17.	Visits to Fried Fish Shops	597
18.	Visits to Ice Cream Premises	762
19.	Visits to Bakehouses	448
20.	Visits to other Food Preparing Premises	1,517
21.	Visits *re* Shops Acts	210
22.	Visits to Workplaces	85
23.	Rag Flock Acts—Number of Premises Visited	26
24.	Notices served—	
	(*a*) Statutory	2,053
	(*b*) Informal	6,841
25.	Number of Cases in which Legal Proceedings taken	12
26.	Visits *re* Diseases of Animals Acts	306
27.	Visits *re* Rats and Mice Infestation	1,110
28.	Visits *re* Common Lodging Houses and Houses Let-in-Lodgings	98

The following report has been furnished by the General Manager and Engineer of the Sheffield Corporation Waterworks, whose continued assistance and close co-operation have been much appreciated.

Water Supply.—" The water supply provided by the Corporation to the City and District, and bulk supplies to outside Authorities, have been satisfactory both in quality and quantity. There was no curtailment at any time during the year.

All Sheffield's water comes from moorland gathering grounds. It is filtered and chlorinated at the source, and requires the addition of lime to prevent plumbo-solvent action. The lime dosage ensures an average permanent hardness of 33 parts per million, and a total hardness of 48. The average pH value is 8·5.

The number of samples of drinking water examined in the laboratory bacteriologically during the year ended 31st December, 1950, was 1,944. Of this number, 1,902 (97·84 per cent.), were free from coliform organisms in 100 mls. and 1,917 (98·61 per cent.), were free from Bact. Coli, type 1 (an organism whose natural habitat is the human or animal intestine, and which is an indicator of excretal pollution of water), in 100 mls. Included in this number were some samples taken before chlorination.

The number of samples taken from consumers' taps during the year and examined bacteriologically was 788 and of these, 781 (99·11 per cent.), were free from coliform organisms and 785 (99·62 per cent.), contained no Bact. Coli, type 1, in 100 mls.

167 samples were taken from consumers' taps for examination for lead. Of these, 153 (92 per cent.) contained no lead, and the remainder contained amounts ranging from 0·2 parts per million downwards, mainly very slight traces.

As a first line of defence, the Undertaking exercises sanitary control over the entire watershed, by prohibiting developments which might contaminate the reservoir feeders, and by removing or sterilising night soil from every dwelling on the gathering grounds.

The number of dwelling-houses supplied direct was 165,596. No houses within the Sheffield area are supplied by standpipe. The population supplied direct was 544,875, and indirectly (*via* bulk supplies) 219,489."

The provision of a water supply and drainage system to the Ringinglow and Long Line district was completed in March, 1950, and by the end of the year 14 owners (including the Corporation) had taken advantage of the Corporation water supply and connected their properties to the main, involving 27 houses, one farm and a hotel. Ten owners (including the Corporation) had connected their properties to the Corporation sewer, involving 21 houses, three farms and a hotel. Further schemes were either under discussion or work was in progress.

Rodent Control.—The Rodent Control service commenced on 10th April, 1944, being instituted as the result of responsibilities which devolved upon the Public Health Department under the Infestation Order, 1943. The Service is now operating under the Prevention of Damage by Pests Act, 1949, which came into force on the 31st March, 1950.

There were eight Rodent Operatives employed in this service at 31st December, 1950, and the service was in the charge of a Sanitary Inspector seconded to the position of Rodent Officer.

The services of the Rodent Operatives are made available upon application by the occupiers of infested premises, payment being upon a cost basis laid down by the Corporation. All premises in regard to which there are complaints of infestation by rats or mice are in the first instance visited by the staff of Sanitary Inspectors.

In the statement below are given the numbers of applications for the services of the Rodent Operatives which were dealt with in the years 1948 to 1950, together with the numbers of baiting points laid and the estimated numbers of rats and mice exterminated. The demand for these services has again increased during 1950, and considerably more baiting points continue to be laid.

Services Rendered.	Year 1948	Year 1949	Year 1950
Number of applications dealt with (Rat Infestation) ..	557	513	670
Number of applications dealt with (Mice Infestation) ..	543	1,015	1,360
Number of baiting points laid	17,890	24,720	31,873
Estimated number of rats exterminated	4,700	5,700	5,400
Estimated number of mice exterminated	28,800	35,000	44,000

Sewer Disinfestation.—The scheme, which commenced on 7th May, 1945, for the disinfestation of the sewers, rivers and culverts of the City, continued in the year 1950. This work is undertaken by the City Engineer, who provides a staff of 6 operatives forming part of the Rodent Control service of the Public Health Department whilst engaged upon the work.

At the commencement of the scheme, in 1945, plans were formulated to deal initially with infestations in the central areas of the City and then to expand outwards so as to systematically treat the whole of the old built-up areas of the City.

The Ministry of Agriculture and Fisheries' procedure regarding the methods of pre-baiting and poisoning are adhered to throughout in this work. The disinfestation of sewers comprises what is known as an initial treatment, followed by maintenance treatments of a similar kind at six-monthly intervals. The sewers in the outlying areas of the City, including the newer Corporation housing estates, receive a " Pilot " test annually ; that is to say, one in every ten sewer manholes is pre-baited, and those showing evidence of infestation are included in a full-scale treatment area.

The sixth maintenance treatment was completed during the year 1950, this being followed by a " Pilot " testing of the whole of the outlying areas of the City. In this test, which was applied at some 12,400 man-holes, only 21 " takes " were recorded. These small areas of infestation then received full-scale treatments.

In addition, the seventh maintenance treatment was carried out during the year, and also part of the eighth maintenance treatment. The number of manholes baited or points laid during the year totalled 12,350, and the estimated number of rats exterminated totalled 21,560.

Arsenious oxide and zinc phosphide are still the standard poisons used in disinfestation work, except that, in those cases of rat infestation where extreme caution against children or domestic animals is demanded, Red Squill is substituted.

During the year 1950, nearly one and a half tons of biscuit meal and one hundredweight of arsenious oxide and zinc phosphide were used at pre-baiting and poisoning points. Small amounts of Alpha-naphthyl-thio-urea were used, but owing to its exceptionally high toxicity, its use was limited to the more obstinate cases.

The use of highly toxic poisons in such large quantities necessitates extreme caution at all times, not only in handling and positioning, but, most important, in the complete recovery and destruction of uneaten poison.

Details of work carried out during the year are given in the statements below.

COMPLETION OF SIXTH MAINTENANCE TREATMENT—YEAR 1950.

Areas treated	Number of manholes baited or points laid	Number of complete and partial " takes " recorded	Estimated number of rats killed
Sewer manholes	1,508	101	1,400
Three areas from " Pilot " test	188	21	360
TOTALS	1,696	122	1,760

SEVENTH MAINTENANCE TREATMENT—YEAR 1950.

Areas treated	Number of manholes baited or points laid	Number of complete and partial " takes " recorded	Estimated number of rats killed
Sewer areas	5,423	596	9,400
Lengths of rivers : Don, Sheaf, Porter, Loxley, Meersbrook and Shirebrook	1,845	330	4,500
TOTALS	7,268	926	13,900

PART OF EIGHTH MAINTENANCE TREATMENT—YEAR 1950.

Areas treated	Number of manholes baited or points laid	Number of complete and partial " takes " recorded	Estimated number of rats killed
Sewer areas	1,356	1,760	2,300
Lengths of rivers : Don, Sheaf, Porter, Loxley, Meersbrook and Shirebrook	2,030	501	3,600
TOTALS	3,386	2,261	5,900

SMOKE ABATEMENT.

The Sheffield, Rotherham and District Smoke Abatement Committee, a Regional Committee with full statutory powers for Smoke Abatement, has responsibility in regard to the five administrative areas of the City of Sheffield, the County Borough of Rotherham, the Urban Districts of Rawmarsh and Stocksbridge, and Rotherham Rural District. This Committee is the only statutory committee of its kind in the country, other regional committees for smoke abatement acting only in an advisory capacity.

The activities of the Committee in the year 1950, so far as they relate to the City of Sheffield, are briefly outlined below :—

Action under the Public Health Act, 1936.—Systematic observations of all industrial chimneys continued throughout the year, and much work was carried out in advising manufacturers and boiler-firemen on improved methods of working. The following are the details of the work done by the Smoke Inspectors in the City during the year 1950 :—

Number of chimneys observed (half hour observations)	5,884
Number of minutes smoke emitted	12,710
Average minutes of smoke emission per half hour	2·1
Number of Abatement Notices served	404
Number of Intimation Notices served	648
Number of Advisory Visits	946
Number of complaints dealt with	117
Prosecutions	4

From the above statement, it will be seen that the average of the minutes of smoke emitted per half hour, from the observations of chimneys in the year 1950, was 2·1 minutes. This compares favourably with 2·7 minutes in the year 1949, but not with the average of 1·4 minutes per half hour recorded in 1938.

Many cases of undue emission of smoke were reported to the Committee, and legal proceedings were instituted for four offences ; in one of the cases a Magistrate's Order was made to abate the nuisance and costs were imposed ; in another case, a penalty of £2 was imposed for non-compliance with an Order to abate the nuisance. Two further cases were finally withdrawn after being adjourned for reconstruction work to be carried out.

Atmospheric Pollution.—The recording of the extent of atmospheric pollution continued throughout the year 1950, the additional gauges in the Tinsley area continuing to show heavy sulphur deposits due to the industry in the area. The table which follows gives the averages of the monthly deposits of solid matter at the three fixed collecting stations in the five years 1946 to 1950, together with the highest monthly deposit at each station in those years.

TABLE XXV.—*Solid Matter deposited at the fixed Sheffield Collecting Stations, during five years* : 1946 *to* 1950.

Year	Tons of Solid Matter Deposited per Square Mile.					
	Attercliffe		Surrey Street		Crimicar Lane	
	Average Deposit per Month	Highest Monthly Deposit	Average Deposit per Month	Highest Monthly Deposit	Average Deposit per Month	Highest Monthly Deposit
1946	39·95	48·99	26·12	40·24	10·74	21·37
1947	40·49	58·54	35·15	77·37	11·55	21·44
1948	36·24	47·76	24·81	36·71	14·05	24·36
1949	40·22	70·22	25·93	32·52	13·03	19·28
1950	35·83	52·96	23·85	38·11	11·31	19·20

It is interesting to note that the average deposit at Attercliffe Collecting Station shows a reduction, despite the fact that the furnaces in this area have been busier than in the previous years, which indicates that the work of the Department is having the desired effect.

The table below summarises the monthly records of solid matter deposited per square mile in the year 1950 at the six stations at which there were gauges for the measurement of atmospheric pollution :—

TABLE XXVI.—*Solid matter deposited at the Sheffield Collecting Stations during the year* 1950.

MONTH	TONS PER SQUARE MILE					
	Attercliffe	Crimicar Lane	Firth Park	Wincobank Sewage Works	Surrey Street	Weston Park
January	41·44	9·62	10·26	22·14	27·59	7·58
February	20·09	19·20	24·47	39·60	38·11	28·10
March	52·96	13·19	13·41	23·53	20·33	21·02
April	43·20	13·87	15·32	21·41	32·45	20·82
May	48·92	13·84	15·69	16·10	28·05	24·46
June	26·97	9·66	12·13	*	18·41	19·03
July	31·01	11·93	15·29	24·00	18·83	10·44
August	25·81	7·78	13·31	24·30	15·58	8·89
September	34·10	8·58	13·51	33·02	18·90	8·02
October	25·25	7·57	9·25	16·52	22·60	7·58
November	44·50	10·99	14·08	20·91	20·68	11·22
December	35·65	9·48	10·22	21·24	24·70	7·75
TOTALS	429·90	135·71	166·94	262·77	286·23	174·91
Averages	35·83	11·31	13·91	23·89	23·85	14·58

* Records not available.

Sulphur Determination.—Daily records for determining the quantity of sulphur in the atmosphere were taken by the lead peroxide method at ten stations. The daily averages of the number of milligrammes of sulphur per 100 square centimetres of surface area, as recorded during the five years 1946-50, at seven stations, were as follows :—

TABLE XXVII.—*Sulphur determination by the Lead Peroxide method at seven Sheffield Stations, five years* : 1946-50.

Year	DAILY AVERAGE MILLIGRAMMES OF SO_3 PER 100 SQUARE CENTIMETRES.						
	Attercliffe	Bessemer Road	Crimicar Lane	Firth Park	Surrey Street	Wincobank	Weston Park
1946	5·46	*	1·25	2·88	3·41	4·00	*
1947	4·61	10·12	1·31	2·80	3·40	4·02	*
1948	5·32	16·76	1·23	3·83	3·47	4·59	2·21
1949	4·89	15·22	1·14	2·96	3·05	4·16	2·04
1950	3·67	9·57	1·01	2·61	2·71	3·37	1·76

* Records not available.

The daily averages of the number of milligrammes of sulphur per 100 square centimetres of surface area recorded in 1950 were as follows :—

TABLE XXVIII.—*Sulphur determination by the Lead Peroxide Method at the ten Sheffield Stations during the year* 1950.

MILLIGRAMMES PER 100 SQUARE CENTIMETRES PER DAY.

Month	Attercliffe	Bessemer Road	Crimicar Lane	Firth Park	Surrey Street	Weston Park	Jordan Locks	Wincobank Sewage Works	Tinsley	Wincobank
January	5·69	11·63	1·72	4·18	4·69	2·90	2·95	4·49	4·69	4·49
February ...	4·20	9·84	0·95	4·06	4·14	2·26	4·89	6·56	3·69	4·88
March	2·84	9·22	1·07	1·91	2·08	1·39	1·89	3·08	1·76	1·92
April	3·31	7·64	1·03	2·89	2·43	1·79	1·87	2·92	2·81	2·45
May	3·26	9·34	1·30	2·00	2·45	1·61	1·29	1·52	1·41	1·42
June	2·66	9·52	0·61	1·36	1·05	0·76	1·39	2·40	2·58	2·71
July	2·83	10·19	0·65	1·41	1·45	0·83	1·74	1·96	2·71	1·72
August	2·07	9·42	0·45	1·79	1·09	0·93	1·99	3·68	2·54	2·52
September ...	3·08	8·57	0·63	1·97	1·60	0·94	2·57	3·64	3·82	3·06
October	3·30	10·22	0·86	2·26	2·75	1·81	2·54	3·21	2·93	3·29
November ...	5·46	13·13	1·22	3·84	4·67	2·87	2·38	3·30	4·00	3·03
December ...	5·30	6·10	1·66	3·65	4·16	2·99	2·65	3·70	4·02	2·99
TOTALS	44·00	114·82	12·15	31·32	32·56	21·08	28·15	40·46	36·96	34·48
Averages ...	3·67	9·57	1·01	2·61	2·71	1·76	2·35	3·37	3·08	2·87

Additional records by the volumetric method were taken at Surrey Street Station and these showed, for the year 1950, a daily average of 0·15 parts of sulphur per million parts of the atmosphere.

Industrial Pollution —During the year under review, as a result of the demand for maximum industrial production, an increase in the number of complaints regarding the fume, smoke and dust caused by the increased industrial effort, has been noted. This has been particularly emphasised in the case of the heavy basic industries, such as in the production of gaseous fuel and in the melting and purification of steel, of which there are various processes in this City.

Though reconstruction work is in progress, an amount of existing plant has been in continuous use, and much of this plant can now be considered obsolete, as it is causing heavy atmospheric pollution and waste of fuel.

Gasworks retorts of the old horizontal type are still in operation, and, though new vertical retorts are being installed, a considerable time must elapse before they will be in full production.

The extended use of " oxygen enrichment " in the melting and refining of steel continues to cause pollution because of the emission of much fume and dust. This is one of the problems that was referred to the Fuel Research Department of the University of Sheffield for investigation. A new system of fume collection and arrestment is under investigation, and it is hoped that, if this can be successfully operated, other manufacturers will go forward with similar installations.

The emission of dust from " abrasive grinding and buffing " machines continues to cause a nuisance. Many of these machines have been installed without suitable arrestment, whilst others so fitted are not kept in serviceable condition. Nuisance from effluents of this kind can become a greater menace to the health of the community than smoke or fumes from the combustion of fuel.

Complaints were received about the indiscriminate burning of trade refuse, and investigation showed that wood chippings, sawdust, oily waste and other material was being disposed of without any suitable facilities for burning. In congested areas, waste of this kind should not be disposed of on the site, thus causing a nuisance in the locality. Where sites are suitable, trade waste can be disposed of, but incinerators and chimneys of sufficient height are essential.

Research Work.—The research work at the Fuel Research Department of the University of Sheffield, under the direction of Professor R. J. Sarjant, O.B.E., is continuing, and the interim reports dealing with pollution from low temperature furnaces used for the heat treatment of steel, which have been submitted to the Smoke Abatement Committee, show that such work can be carried out successfully, provided suitable furnaces are installed. In addition, special investigations have been undertaken with regard to the measurement of the particles of industrial dust, and the problem of collecting these particles ; the burning of limestone for special purposes and the reduction of pollution from such kilns. This work is being continued and further reports will be submitted.

Domestic Smoke.—Though the amount of pollution caused by smoke and solid matter deposited from domestic chimneys is not as heavy as from industrial chimneys, this is a nuisance in which much improvement can be effected.

In 1949, the Ministry of Health requested local authorities to ensure that, in future, all fireplaces to be installed in their housing estates should be of a type approved by the Department of Scientific and Industrial Research. This is now being done, and it is hoped that private developers will follow the example set by local authorities and instal similar types in their new premises. The makers of these appliances are finding a ready response to the Ministry of Health request for, at the moment, the demand for these fireplaces exceeds the supply, a practical proof of their value.

The pollution records for residential areas do not show much fluctuation, remaining at about 14 tons of solid matter deposited per square mile per month. It will be of interest to find out whether or not there will be a reduction in these figures as the use of these approved-type fireplaces increases.

Town Planning and Prior Approval.—Since June, 1946, a period of four and a half years, all plans of fuel burning appliances to be installed have been scrutinised by this Department, and this part of the work is considered an important aspect of smoke prevention.

Owing to the shortage of fuel and the additional demand for gas and electricity, there have been difficulties to adjust in the central and residential areas, where the " Tight Clause " for smokeless conditions has been put into operation. It is hoped that this fuel difficulty is only a temporary one and that suitable fuel will be available at a later date. Provision has accordingly been made to overcome this difficulty. During the year, over 750 plans were examined and the necessary types of fuel burning appliances agreed upon.

Fuel Supplies.—The work of smoke abatement is being impeded by the drive for maximum output, the supply of high grade fuels being quite inadequate to deal with the demand. The fact that lower grade fuels have to be used results in certain low temperature furnaces, which require selected fuel for their work, being unable to control their smoke emission satisfactorily. Where forced draught and mechanically fired furnaces are in operation, fuels with a percentage of " fines " cause nuisance from the emission of grit. Samples of this grit show that it has a heating value, which indicates that a proportion of the fuel is emitted without being burnt.

The call throughout the country is for the efficient use of all fuel, and " Smoke Abatement " has now a greater opportunity of being put into practice than ever before, but if fuel is to be used as efficiently as possible, greater discrimination is necessary in supplying the type of fuel suitable for the work to be done. The problem is now changing from one of nuisance from " visible " smoke to nuisance from grit, dust and sulphur, which cannot be seen, but which may become as great a menace to the health of a community as black smoke.

Instructional Work.—The man who operates the fuel burning plant is the one who can help to reduce fuel costs and improve the condition of the atmosphere. Efficiency classes for boilermen and furnacemen, which are held at the Applied Science Department of the University during the winter months, were continued, and the number of men who enrolled for these courses was the highest since 1934. At the conclusion of the session 38 candidates sat for the examination and 33 were successful in obtaining certificates. Some undertakings give an efficiency bonus to their men who become certificated, and we especially welcome young men who realise the importance of these courses and undertake the training.

HOUSING

It has been stated in earlier Reports that the progress of the Slum Clearance Scheme was halted upon the outbreak of War in 1939, in accordance with the directions of the Ministry of Health. Certain information is recorded in this Report of action taken in regard to the demolition of dwelling-houses which took place in the year 1950—these being mostly condemned houses, the demolition of which had been delayed owing to the general housing shortage, but which had become in such a dangerous state, structurally, or from the health point of view, as to render their demolition an urgent matter. The last of the rehousing of displaced tenants under the Slum Clearance Scheme proper was in the year 1940, but in the year under review there were a few families who were transferred to houses on Corporation Estates from houses which had been scheduled for demolition prior to the War.

Demolition of Houses.—28 houses which were in Slum Clearance Areas were demolished or rendered unusable as dwelling-houses in the year 1950. There were also two individual unfit houses demolished during the year as a result of demolition orders made prior to the War.

Overcrowding.—The alleviation of overcrowding in any very considerable degree was rendered impracticable by the suspension of building operations shortly after the outbreak of the 1939-45 war, and it is still too early for the building now in progress to have any great effect upon the position. As regards Part IV of the Housing Act, 1936, there were 68 cases of overcrowding relieved during the year 1950, and 127 new cases were reported. At the end of the year, there were 4,622 families known to be living under overcrowded conditions in the City, and the total number of persons in these families, that is the equivalent number of persons under the Act, was 26,092·5.

Erection of Dwelling-houses.—The City Engineer has furnished information relating to the building of dwelling-houses in the City.

1,294 new dwelling-houses were erected during the year 1950, and, in addition to this figure, 143 additional housing units were provided by the conversion of existing buildings into flats. The corresponding figures for the year 1949 were : 735 new dwelling-houses erected and 26 additional housing units provided.

The approximate total number of houses on the Rate Books at 31st December, 1950, was 152,629.

Inspection of Dwelling-houses.—All inspections of dwelling-houses for housing defects, under the Public Health or Housing Acts, are made by the staff of Sanitary Inspectors and 11,934 houses were inspected during the year 1950. 10,315 houses, at which there had been defects, were rendered fit during the year as a result of informal action taken by the Department. Notices were served under the Public Health Act, 1936, as regards 6,159 houses, requiring defects to be remedied.

Tables of Housing Statistics.—As a conclusion to this section of the Report there are given certain tables of Housing Statistics. These are Table XXIX, being general statistics in regard to Housing, and Tables XXX and XXXI which relate to action which was taken under the Housing Acts in 1950 and, in past years, in regard to unfit houses in clearance areas and individual unfit houses respectively. Although there has been comparatively little to add to these tables since 1939, they are reprinted in order to preserve the continuity of the Housing Records.

TABLE XXIX.—*Housing Statistics of the year* 1950.

1. Inspection of dwelling-houses during the year :—	
(1) (*a*) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	11,934
(*b*) Number of Inspections made for the purpose	*7,439
(2) (*a*) Number of dwelling-houses (included under (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	—
(*b*) Number of Inspections made for the purpose	—
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	—
(4) Number of dwelling-houses (exclusive of those referred to under (3) above) found not to be in all respects reasonably fit for human habitation	—
2. Remedy of defects during the year without service of formal notices :—	
Number of defective dwelling-houses rendered fit in consequence of informal action by the local authority or their officers	10,315
3. Action under Statutory Powers during the year :—	
(*a*) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 :—	
(1) Number of dwelling-houses in respect of which notices were served requiring repairs	—
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(*a*) By owners	—
(*b*) By local authority in default of owners	—
(*b*) Proceedings under Public Health Acts :—	
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	6,159
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(*a*) By owners	2,579
(*b*) By local authority in default of owners	—
(*c*) Proceedings under Sections 11 and 13 of the Housing Act, 1936 :—	
(1) Number of dwelling-houses in respect of which Demolition Orders were made	—
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	2
(*d*) Proceedings under Section 12 of the Housing Act, 1936 :—	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	—
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	1
4. Housing Act, 1936—Part IV—Overcrowding :—	
(*a*) (i) Number of dwellings overcrowded at the end of the year	4,534
(ii) Number of families dwelling therein	4,622
(iii) Number of persons dwelling therein (equivalent No.)	26,092·5
(*b*) Number of new cases of overcrowding reported during the year	127
(*c*) (i) Number of cases of overcrowding relieved during the year	68
(ii) Number of persons concerned in such cases (equivalent No.)	324
(*d*) Particulars of any cases in which dwelling-houses have again become overcrowded after the local authority have taken steps for the abatement of overcrowding	—

* A proportion of these inspections relates to visits to blocks of houses affected by nuisances.

TABLE XXX.—*Housing Acts,* 1930 *and* 1936.—*Clearance Areas. Summary of Work Done.*

YEAR	OFFICIAL REPRESENTATIONS MADE BY THE MEDICAL OFFICER OF HEALTH		PUBLIC INQUIRIES HELD BY MINISTRY OF HEALTH'S INSPECTORS						VACATION OF HOUSES AND RE-HOUSING OF DISPLACED TENANTS				No. of Houses Demolished or Abolished
	No. of Areas involved	No. of Houses involved	No. of Areas for which Inquiries were held	Total No. of Houses involved	No. of Houses for which Orders were confirmed	No. of Houses changed from "Pink" to "Grey" on plan	No. of Houses Excluded from Orders	No. of Houses purchased by Corporation for Demolition and for which Orders were rescinded	No. of Houses vacant when Orders made	No. of Houses from which displaced tenants were re-housed by the Corporation	No. of Houses from which tenants found their own Accommodation	Total No. of Houses vacated	
1930 (from 1st October)....	17	394	—	—	—	—	—	—	—	—	—	—	—
1931	—	—	17	394	290	3	18	83	12	—	—	12	—
1932	7	435	7	435	—	—	—	—	5	298	32	335	88
1933	16	906	10	635	593	—	35	—	5	254	8	267	377
1934	67	3238	34	1636	1439	4	32	—	16	899	98	1013	857
1935	93	4558	67	3401	2437	19	38	—	17	764	23	804	776
1936	67	3239	65	3030	3730	2	86	—	40	1311	81	1432	1109
1937	125	5378	66	3232	2676	7	26	7	39	2087	136	2262	2101
1938	166	3908	40	3174	3995	4	32	—	41	2051	176	2268	2456
1939	65	752	105	2372	1207	6	15	—	45	1808	122	1975	1677
1940	—	—	—	—	—	—	—	—	—	469	24	493	195
1941	—	—	—	—	—	—	—	—	—	—	873	873	591
1942	—	—	—	—	—	—	—	—	—	—	—	—	291
1943	—	—	—	—	—	—	—	—	—	—	—	—	67
1944	—	—	—	—	—	—	—	—	—	—	—	—	144
1945	—	—	—	—	—	—	—	—	—	—	—	—	349
1946	—	—	—	—	—	—	—	—	—	18	—	18	103
1947	—	—	—	—	—	—	—	—	—	36	—	36	53
1948	—	—	—	—	—	—	—	—	—	36	—	36	91
1949	—	—	—	—	—	—	—	—	—	29*	3	32	57
1950	—	—	—	—	—	—	—	—	—	4	7	11	28
TOTALS	623	22808	411	18309	16367	45	282	90	220	10064	1583	11867	11410

The Minister of Health's decision had not been received at the year end with regard to 39 areas, involving 1,529 houses, for which Public Inquiries had been held.

Public Inquiries had not been held by the end of the year 1950 in the case of 210 areas for which Official Representations had been made by the Medical Officer of Health. These involved 4,477 houses.

On 31st December, 1950, the tenants of 4,517 houses for which Orders had been confirmed by the Minister of Health, were awaiting re-housing.

* Includes tenants from 17 houses in Clearance Areas in respect of which Ministry of Health Confirmatory Orders had not been received.

TABLE XXXI.—*Housing Act*, 1930—*Section* 19 } *Individual Unfit Houses.* *Summary of Work Done.*
Housing Act, 1936—*Section* 11 }

YEAR	Official Representations made by the Medical Officer of Health					Vacation of Houses and Rehousing of Displaced Persons				Number of Houses				REMARKS
											Abolished or Demolished			
	No. of Properties involved	No. of Houses involved	No. of Houses for which Representations withdrawn	No. of Houses for which Demolition Orders made	No. of Houses for which Schemes accepted for converting to Works, etc.	No. of Houses from which Tenants have been rehoused by the Corporation	No. of Houses from which Tenants have found own Accommodation	No. of Houses which were Vacant when Orders made or Schemes Accepted	Total No. of Houses Vacated	For which Schemes Completed for converting to Works, etc.	In compliance with Demolition Orders	After Representation but without Demolition Order being made	TOTAL	
1930 (From 1st October only)	17	48	9	—	—	—	—	—	—	—	—	—	—	
1931 ...	47	230	1	206	21	—	1	—	1	—	—	—	—	
1932 ...	13	52	—	52	6	110	52	6	168	7	98	7	112	
1933 ...	25	95	—	77	15	101	21	2	124	1	89	—	90	
1934 ...	49	151	2	98	28	100	24	5	129	23	154	10	187	Representations under Section 12 of the Housing Act, 1936, in regard to the closing of a small number of individual unfit dwellings, are additional to the figures included in this table.
1935 ...	63	177	3	87	43	150	13	7	170	36	124	—	160	
1936 ...	57	398	3	335	58	162	13	15	190	32	74	1	107	
1937 ...	50	399	—	312	39	247	34	9	290	28	122	—	150	
1938 ...	37	427	—	134	38	351	19	14	384	21	354	—	375	
1939 ...	15	56	1	427	11	399	16	5	420	6	616	4	626	
1940 ...	1	12	—	12	—	17	3	—	20	5	18	3	26	
1941 ...	—	—	—	—	—	20	17	—	37	1	4	—	5	
1942 ...	—	—	—	—	—	—	—	—	—	2	2	—	4	
1943 ...	—	—	—	—	—	—	—	—	—	3	5	—	8	
1944 ...	—	—	—	—	—	—	—	—	—	—	4	—	4	
1945 ...	—	—	—	—	—	—	—	—	—	—	—	—	—	
1946 ...	—	—	—	—	—	1	—	—	1	32	4	—	36	
1947 ...	—	—	—	—	—	—	—	—	—	4	5	—	9	
1948 ..	1	1	—	1	—	1	—	1	2	3	2	—	5	
1949 ...	—	—	—	—	—	—	—	—	—	—	3	—	3	
1950 ...	—	—	—	—	—	1	—	—	1	—	2	—	2	
TOTALS ..	375	2046	19	1741	259	1660	213	64	1937	204	1680	25	1909	

There were 60 houses for which Demolition Orders had been issued, where the tenants still remained in occupation at 31st December, 1950, and a further 28 where schemes had been approved, but were awaiting carrying out, for the converting of the houses into works or other business premises and the tenants still remained in occupation at the end of 1950.

Since the inception of the scheme, there have been two instances where Demolition Orders have been quashed upon appeal to the County Court by the owners.

FOOD AND DRUGS

GENERAL FOOD INSPECTION.

Food supplies at wholesale fish and fruit markets, wholesale and retail provision and food stores, retail markets and railway stations were inspected regularly during the year. Full use was made of the Kitchen Waste Plant of the Cleansing Department and the Meat Digester Plant of the Markets Department, and all condemned food which was found to be suitable for treating by either of these plants was so treated. The remaining condemned food was removed to the Corporation Destructor and destroyed. Close supervision was exercised over the 14 shops which retailed horseflesh in the City. All the horseflesh sold in the City had been slaughtered at approved registered horse slaughterhouses and had been passed as fit for human consumption.

During the year, the Food Inspectors made 8,870 visits to markets, railways and wholesale food stores, 1,390 visits to retail food shops, and 765 visits to horseflesh shops.

TABLE XXXII.—*General Food Inspection—Food condemned as unfit for human consumption, during year* 1950.

Description	Quantity	Tons	Cwts.	Qrs.	Lbs.
Canned Goods ...	84,444	—	—	—	—
Bacon and Ham	—	—	8	3	25½
Biscuits	—	—	—	1	27½
Bread	—	—	6	2	6
Butter	—	—	—	—	17½
Cakes and Pastry	—	—	3	—	26
Cereals	—	—	11	—	23¼
Cheese	—	—	7	3	15¾
Coconut (Desic.)	—	1	17	1	14
Coffee	81 bottles	—	—	—	—
Cream Substitute	3 gallons	—	—	—	—
Custard Powder...	—	—	—	—	7
Eggs (Shell) ...	409	—	—	—	—
Eggs (Frozen) ...	—	—	1	1	15
Eggs (Liquid) ...	—	—	2	1	9
Fish	—	21	5	3	20½
Fishcakes ...	34	—	—	—	—
Flour	—	—	12	—	24½
Fruit (including Tomatoes) ...	—	1	16	—	13
Fruit Cordial ...	22 bottles	—	—	—	—
Fruit (Dried) ...	—	—	16	1	19½
Horseflesh and Offal	—	—	3	—	15
Jellies	—	—	5	3	11
Margarine ...	—	—	—	—	14
Marzipan ...	—	—	—	—	14

Description	Quantity	Tons	Cwts.	Qrs.	Lbs.
Meat and Meat Products ...	—	5	19	2	26
Meat Extract ...	—	—	—	—	16
Meat and Fish Paste	116 jars	—	—	—	—
Meat Pies ...	11	—	—	—	—
Nuts	—	—	—	3	26¼
Peas (Dried) ...	—	—	3	3	23½
Pickles and Sauces	4,577 jars	—	—	—	—
Potato Crisps ...	—	—	10	1	9¼
Poultry and Game	—	—	16	2	1
Preserves ...	—	1	5	2	26
Rabbits	—	8	11	—	19
Root Ginger ...	—	—	—	1	17
Shellfish	—	4	19	2	19½
Shellfish	342 jars	—	—	—	—
Soya Flour ...	—	—	1	—	—
Sugar	—	—	—	3	4½
Sweet Confectionery...	—	—	5	1	14
Sweetened Fat ...	—	—	1	2	7
Tea	—	—	1	3	14¼
Vegetables ...	—	1	14	2	25
Vegetable Extract	15 jars	—	—	—	—
Vegetable Cooking Oil ...	40 Gallons	—	—	—	—
Yeast	—	—	—	—	3
Sundry Articles ...	122	—	—	—	—

The total weight of food condemned and destroyed was 93 tons 1 cwt. 17½ lbs.

Meat Inspection.—During the year, 438 pigs, which were slaughtered at private premises for consumption by their owners, were inspected. Details in regard to these inspections are as follows :—

Number inspected	Number passed completely fit	Weight of meat and offal condemned and surrendered Cwts.	qrs.	lbs.
438	403	2	—	26½

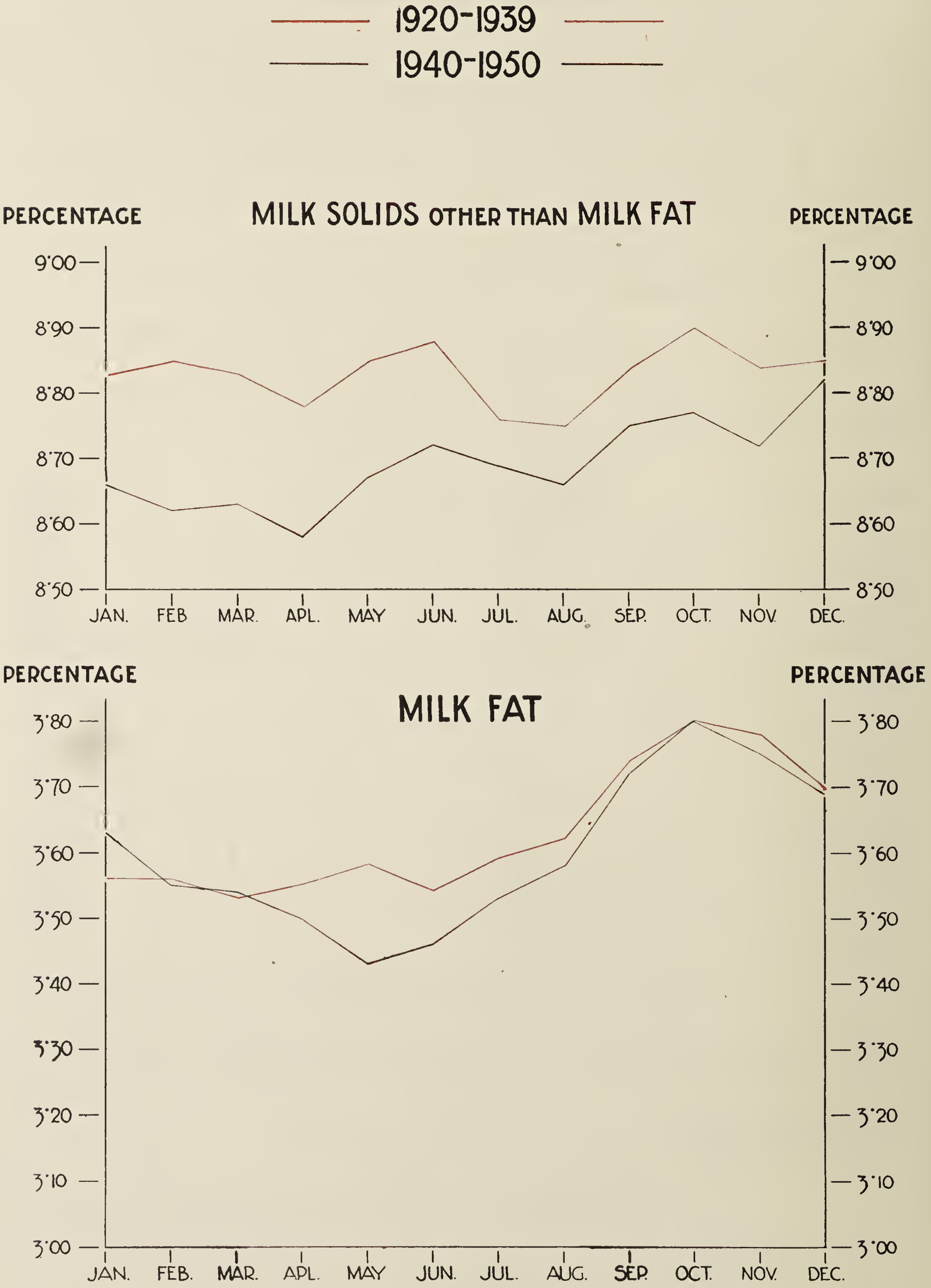
Inspections were also carried out at a private slaughterhouse as follows :—

Number of pigs inspected	Weight of meat and offal condemned and surrendered Cwts.	qrs.	lbs.
598	19	2	—

In addition to the above, 20 pigs, which were slaughtered on private premises owing to suspected Swine Fever, were inspected.

Number of pigs inspected	Weight of meat and offal condemned and surrendered Cwts.	qrs.	lbs.
20	7	—	16

COMPARISON OF THE QUALITY OF MILK SOLD IN THE CITY



SALE OF MILK REGULATIONS 1939 - PRESUMPTIVE MILK STANDARD
3'00 MILK FAT - 8'50 MILK SOLIDS OTHER THAN MILK FAT

THE MILK SUPPLY.

The daily average consumption of milk in Sheffield during the year 1950 was 41,910 gallons, which represents 0·65 pints per head of population. These 41,910 gallons consisted of 3,321 gallons produced in the City and 38,589 gallons brought into the City from outside areas. The minimum standard for genuine milk, as laid down by the Sale of Milk Regulations, 1939, is 3 per cent. of milk fat and 8·5 per cent. of milk solids other than milk fat. During the year, the average quality of the 847 samples of milk procured in the City under the Food and Drugs Act, 1938, was 3·58 per cent. milk fat and 8·67 per cent. milk solids other than milk fat.

Comparison of the Quality of Milk Sold in the City in the Years 1920-1939 and 1940-1950.—The charts opposite this page and the table below show the depreciation in the quality of milk sold in the City during the years 1940-1950 compared with the period between 1920 and 1939. The charts show the average figures for each period arranged in months to indicate the variation in the composition of milk during the year.

The average quality of the milk sold in the years 1920 to 1939 was 3·63 per cent. of milk fat and 8·83 per cent. of milk solids other than fat. These results are an average of 15,873 samples. The average quality of the 10,568 samples of milk taken in the years 1940 to 1950 was 3·60 per cent. of milk fat and 8·69 per cent. of milk solids, other than milk fat, which shows a deterioration in the average quality of milk now being sold, particularly in the milk solids other than fat content, compared with the pre-war years.

TABLE XXXIII.—*Comparison of Average Composition of Milk for the periods* 1920-1939 *and* 1940-1950.

Month	Average 1920-39.			Average 1940-50.		
	Total No. of Samples	Milk Fat	Milk Solids other than Milk Fat	Total No. of Samples	Milk Fat	Milk Solids other than Milk Fat
January	1,290	3·56	8·83	931	3·63	8·66
February	1,291	3·56	8·85	716	3·55	8·62
March	1,713	3·53	8·83	944	3·54	8·63
April	1,226	3·55	8·78	883	3·50	8·58
May	1,495	3·58	8·85	983	3·43	8·67
June	1,299	3·54	8·88	844	3·46	8·72
July	1,290	3·59	8·76	996	3·53	8·69
August	1,045	3·62	8·75	760	3·58	8·66
September	1,365	3·74	8·84	964	3·72	8·75
October	1,343	3·80	8·90	943	3·80	8·77
November	1,446	3·75	8·84	1,027	3·78	8·72
December	1,070	3·69	8·85	577	3·70	8·82
	15,873			10,568		

It will be of interest to relate briefly the various steps taken by the Inspectorate of the Food and Drugs Section to control and safeguard the City's milk supply. Statistical details of this work are given in the report of this Section's work. To ensure that the chemical quality of the milk sold in the City is up to standard, samples are taken daily from milk vendors as they deliver milk to the consumers' homes. When such milk samples prove to be unsatisfactory, either by the addition of water or by the abstraction or deficiency of milk fat, legal action may be taken against the vendor. Milk samples are also taken for bacteriological examination to determine whether milk is infected with disease; if milk has been pasteurised or sterilised, that is to say adequately treated with heat to destroy pathogenic organisms, routine samples are taken at frequent intervals to make sure that such milks have been processed in an efficient manner. All milks of special designation, namely: Pasteurised Milk, Tuberculin Tested Pasteurised Milk, Sterilised Milk, Tuberculin Tested Milk and Accredited Milk, are sold subject to licence and must comply with the requirements of the Milk (Special Designation) Regulations, and numerous samples are taken to ensure the purity of these milks.

An important step forward in milk legislation was the coming into operation of the Milk and Dairies Regulations, 1949, on October 1st, 1949. These enactments gave Food and Drugs Authorities the power to require milk, suspected or known to contain the organisms of the tubercle bacillus, to be pasteurised. Sheffield took action under these Regulations on 20 occasions during the year.

FOOD AND DRUGS ACT, 1938.

It will be seen from the table which follows that, of the 1,140 formal and informal samples of milk and other food commodities which were taken during the year, there were 96, or 8·42 per cent., which proved to be unsatisfactory.

TABLE XXXIV.—*Results of analyses of samples taken under the Food and Drugs Act,* 1938, *during the year* 1950.

Articles	Total Samples Submitted	Formal Samples		Informal Samples	
		Satisfactory	Unsatis-factory	Satisfactory	Unsatis-factory
Milk	827	702	59	57	9
Baking Powder	9	—	1	7	1
Bublow Gum	1	—	—	1	—
Butter	4	—	—	4	—
Cheese	4	—	—	3	1
Cooking Fat	4	—	—	4	—
Dried Milk	6	—	—	5	1
Dripping	1	—	—	—	1
Drugs	19	—	—	16	3
Fish Cakes	8	6	2	—	—
Fish Paste	3	3	—	—	—
Fruit Cordials	6	—	—	4	2
Gelatine	5	—	—	5	—
Ground Almonds	1	1	—	—	—
Ice Cream	70	—	—	70	—
Ice Lollies	23	—	—	23	—
Jam	1	—	—	1	—
Jellies	6	—	—	6	—
Jelly Crystals	1	—	—	1	—
Lemon Curd	2	—	—	2	—
Margarine	4	—	—	4	—
Marzipan	1	—	—	1	—
Meat Paste	16	8	—	8	—
Milk Whipping Compound	1	—	—	1	—
Mincemeat	6	—	—	5	1
Molasses	1	—	—	1	—
Oranges (Tinned)	1	—	—	—	1
Pastries	27	5	3	18	1
Pastry Filling	3	—	—	3	—
Pears	2	—	—	2	—
Peppers and Spices	8	—	—	7	1
Rabbit (Tinned)	1	—	—	1	—
Saccharin Tablets	5	—	—	5	—
Sago	1	—	—	1	—
Salad Cream	12	—	—	12	—
Sandwich Paste (Tinned)	1	—	—	1	—
Sausages	26	22	—	4	—
Sausage Meat	2	2	—	—	—
Self-Raising Flour	4	—	—	4	—
Soft Icing	1	—	—	1	—
Soup (Tinned)	1	—	—	1	—
Stabilizer	2	—	1	—	1
Sweet Confectionery	2	—	—	2	—
Tomato Paste (Tinned)	4	—	—	2	2
Treacle	1	—	—	1	—
Vinegar (Non-brewed)	5	—	4	—	1
Christmas Pudding	1	—	—	1	—
TOTALS	1,140	749	70	295	26

The following statement gives particulars of the analysis of samples taken under the Food and Drugs Act, 1938, in the years 1939 to 1950 and shows, in regard to each year, the number of samples analysed and the number and percentage of the samples which were found to be unsatisfactory.

Year	Total samples submitted	Unsatisfactory	Percentage unsatisfactory
1939	1,264	56	4·43
1940	1,082	97	8·96
1941	1,064	117	10·98
1942	1,337	117	8·75
1943	1,228	117	9·53
1944	1,370	129	9·42
1945	1,341	97	7·23
1946	1,314	72	5·48
1947	827	71	8·59
1948	741	50	6·75
1949	1,183	144	12·17
1950	1,140	96	8·42

The decrease in the numbers of samples taken in the years 1947 and 1948 was due to the fact that the staff of Food and Drugs Inspectors was depleted owing to the difficulty in replacing qualified staff who left the service.

Legal Proceedings.—The results of legal proceedings which were taken during the year for offences against the Food and Drugs Act, 1938, and which resulted in penalties totalling £116 11s. 0d. being imposed, are given in the following statement :—

Offences.	Penalties imposed £	s.	d.
Selling milk containing added water (seven cases) —(total fines)	55	5	0
Selling milk deficient in milk fat (one case)	5	0	0
Selling Baking powder deficient in carbon dioxide (one case)	3	1	0
Selling fish cakes deficient in fish (one case)	6	1	0
Selling pastry containing mineral oil (three cases)—(total fines)	26	4	0
Selling unfit food (one case)	21	0	0
TOTAL	£116	11	0

The prosecution for selling unfit food was in respect of non-alcoholic flavoured orange wine containing numerous dead flies. The retailer was successful in a warranty defence and the manufacturer was fined a total of £21.

In addition to cases taken to prosecution, official warnings were given in :—eleven cases of milk fat deficiency, one case of fish cakes slightly deficient in fish content, one case of non-brewed condiment deficient in acetic acid, two cases of ammoniated tincture of quinine deficient in ammonia and one case of a stabilizer containing a prohibited preservative.

A consignment of tinned tomato paste containing an excessive amount of tin resulted in the consignment, which comprised 22,000 tins, being formally seized and taken before a magistrate for condemnation and destruction.

The manufacturer of a pepper substitute, which was not properly labelled, was warned, and the label was amended.

A quantity of beef dripping was condemned and destroyed after being found upon examination by one of the inspectors to be unfit for food. The offender was warned.

A consignment of tinned oranges which contained an excessive amount of tin was condemned.

A sample of imported Cream Cheese, which was incorrectly labelled, resulted in a warning letter being sent to the importers, who arranged for future importations of this cheese to be correctly labelled.

MILK AND DAIRIES REGULATIONS.

The Presence of Tubercle Bacilli in Milk.—In the table which follows, will be found particulars relating to the 403 bulk samples of raw milk which were taken during the year in order that the biological test might be applied. Tubercle bacilli proved to be present in 38, or 9·43 per cent., of the samples.

TABLE XXXV.—*Results of Biological Tests of Bulk samples of Milk taken during the year* 1950.

Source of Sample	No. of milk samples taken	Results of tests Non-tuberculous	Tuberculous	Percentage tuberculous	No. of cows slaughtered
City of Sheffield	185	167	18	9·73	*11
Yorkshire West Riding ..	192	177	15	7·81	14
Derbyshire	26	21	5	19·23	4
Totals	403	365	38	9·43	29

* In addition to these 11 cows, which were from Sheffield farms and were subsequently slaughtered as a result of the initial action in taking bulk samples of milk, there were three cows which were from Sheffield farms and were slaughtered under the provisions of the Tuberculosis Order, 1938, upon being found by Inspectors of the Ministry of Agriculture and Fisheries to be in a tuberculous condition.

The following table gives a very clear indication of the extent of tuberculous infection in raw milk sampled in Sheffield between the years 1931 and 1950.

TABLE XXXVI.—*Tubercle in Raw Milk.—Details of samples of Raw Bulk Milk taken in Sheffield for Biological Examination for the presence of Tubercle Bacilli.*

Year	Total Samples	No. of Tuberculous Samples	Percentage Tuberculous
1931	1,035	79	7·63
1932	821	66	8·04
1933	984	84	8·54
1934	986	86	8·72
1935	903	77	8·53
1936	583	50	8·58
1937	599	55	9·18
1938	994	82	8·25
1939	837	82	9·80
1940	500	50	10·00
1941	785	53	6·75
1942	795	68	8·55
1943	880	83	9·43
1944	837	46	5·50
1945	511	42	8·22
1946	505	33	6·53
1947	402	65	16·17
1948	602	54	8·97
1949	661	55	8·32
1950	403	38	9·43
TOTALS ..	14,623	1,248	8·53

Pasteurised Milk.—91 samples of pasteurised milk were subjected to the biological test for the presence of tubercle bacilli. All these samples gave negative results.

Milk and Dairies Regulations, 1949.—Regulation 20 of these Regulations (which became operative on October 1st, 1949), empowers the Medical Officer of Health, when he suspects milk to be tuberculous, to prohibit, by notice, the sale of such milk, unless it has been pasteurised or sterilised. A dairy farmer upon whom such a notice is served is entitled to reasonable compensation from the local authority for any financial loss he incurs because of the notice. 75 per cent. of the cost of compensation is recoverable by the Local Authority from the Ministry of Health. During 1950, 20 notices under Regulation 20 were served, and £480 14s. 9d. was paid in compensation.

This work entailed 178 visits by the Inspectors and the testing of the infected milk, after pasteurisation, by the phosphatase test, to ensure its safety.

In addition to the above action the Inspectors made 224 visits to dairy premises to secure compliance with the Milk and Dairies Regulations and the Milk (Special Designations) Regulations.

Sampling of Raw Milk Produced on City Farms.—During the year, 117 samples were taken of raw milk which had been produced within the City. 81 samples, or 69·23 per cent., were free from Bacillus Coli in 1/100th of a millilitre.

Milk (Special Designation) Regulations.—Particulars are given below regarding the various types of designated milk retailed in the City.

TUBERCULIN TESTED.—An average of approximately 248 gallons of this milk was sold in the City daily during the year. Three City farms produced 92 gallons, and 156 gallons were brought in from six farms outside Sheffield.

ACCREDITED MILK.—The average daily sale of Accredited Milk in the City during the year was approximately 299 gallons. 294 gallons were produced on five City farms, and 5 gallons at one farm outside Sheffield.

PASTEURISED MILK.—Five firms are licensed for the pasteurising of milk in Sheffield and, in addition, three firms whose pasteurising dairies are outside the City sell pasteurised milk within the City. The daily average total sale of this milk in 1950 was 28,590 gallons, which represents 68·22 per cent. of the total supply of milk to the City.

Tuberculin Tested Milk (Pasteurised).—Six firms sell this milk in Sheffield, four firms having premises in the City and two firms supplying Sheffield from adjacent areas. The daily average sale of this milk in 1950 was 6,030 gallons, or 14·39 per cent. of the City's milk consumption.

Sterilised Milk.—Three firms sold 2,090 gallons of sterilised milk daily in the City, in 1950. One of these firms operates a sterilising plant in the City.

It will be observed from the foregoing information regarding the sale of pasteurised milk, tuberculin tested milk (pasteurised) and sterilised milk, that a total of 36,710 gallons, representing 87·59 per cent. of the milk supply of the City in 1950, had either been pasteurised or sterilised.

Bacteriological Examinations of Milk.—Details of the various tests which were applied to Designated and Non-Designated Milk during the year are given in the following statement :—

Description of milk	Nature of test	No. of samples tested	No. of samples which were satisfactory
Tuberculin Tested Milk	Methylene Blue	6	6
Accredited Milk	Methylene Blue	5	5
Pasteurised Milk	Methylene Blue	237	233
,, ,,	Phosphatase	239	237
,, ,,	Bacterial Count	225	198
,, ,,	Bacillus Coli	238	*208
Tuberculin Tested Milk (Pasteurised)	Methylene Blue	143	143
,, ,, ,,	Phosphatase	141	141
,, ,, ,,	Bacterial Count	136	135
,, ,, ,,	Bacillus Coli	143	*129
Sterilised Milk	Bacterial Count	25	25
,, ,,	Bacillus Coli	27	*27
,, ,,	Turbidity	27	26
Heat-treated Milk	Methylene Blue	1	1
,, ,,	Phosphatase	1	1
,, ,,	Bacterial Count	1	1
,, ,,	Bacillus Coli	1	*1

* No Bacillus Coli in a millilitre of the milk.

ICE CREAM.

Bacteriological Samples.

The number of samples taken in the City during 1950 was 117.

GENERAL SUMMARY.

Methylene Blue Test

Grade One	43
Grade Two	29
Grade Three	22
Grade Four	19
Total	113

Bacterial Count Test

No. of Bacteria	
0—1,000	30
1,000—10,000	41
10,000—50,000	15
50,000—100,000	6
100,000—500,000	12
500,000—1,000,000	3
1,000,000 and over	10
Total	117

***Bacillus Coli Test**

Absent	71
Present in 1 tube	8
Present in 2 tubes	6
Present in 3 tubes	5
Present in 4 tubes	9
Present in 5 tubes	2
Present in 6 tubes	16
Total	117

* B.Coli examination— 1/10 and 1/100 millilitre, 3 tubes in each.

CLASSIFIED SUMMARY.

HEAT-TREATED ICE CREAM.

Methylene Blue Test	
Grade ONE	36
Grade TWO	28
Grade THREE	20
Grade FOUR	18
TOTAL	102

Bacterial Count Test No. of Bacteria	
0—1,000	26
1,000—10,000	38
10,000—50,000	14
50,000—100,000	6
100,000—500,000	10
500,000—1,000,000	3
1,000,000 and over	9
TOTAL	106

Bacillus Coli Test	
ABSENT	64
Present in 1 tube	8
Present in 2 tubes	6
Present in 3 tubes	3
Present in 4 tubes	8
Present in 5 tubes	2
Present in 6 tubes	15
TOTAL	106

COLD MIX ICE CREAM.

Methylene Blue Test	
Grade ONE	7
Grade TWO	1
Grade THREE	2
Grade FOUR	1
TOTAL	11

Bacterial Count Test No. of Bacteria	
0—1,000	4
1,000—10,000	3
10,000—50,000	1
50,000—100,000	—
100,000—500,000	2
500,000—1,000,000	—
1,000,000 and over	1
TOTAL	11

Bacillus Coli Test	
ABSENT	7
Present in 1 tube	—
Present in 2 tubes	—
Present in 3 tubes	2
Present in 4 tubes	1
Present in 5 tubes	—
Present in 6 tubes	1
TOTAL	11

Explanatory Note.—Grades ONE and TWO are considered satisfactory ; Grade THREE is classed as : " fair, but capable of improvement " ; Grade FOUR is unsatisfactory.

Chemical Analysis.—There was no legal standard of composition for Ice Cream during 1950, but most Food and Drugs Authorities are agreed that a minimum fat content of 5 per cent. is desirable. The Food Standards (Ice Cream) Order, 1951, which came into force on March 1st, 1951, lays down a minimum content standard of 5 per cent. fat, 10 per cent. sugar, and 7·5 per cent. of milk solids other than fat for Ice Cream.

70 samples of Ice Cream were analysed during the year and the following is a summary of the fat content of these samples :—

Fat Content.	Number of Samples.
Below 2½ per cent.	6
2½ to 5 per cent.	25
5 to 8 per cent.	23
8 to 12 per cent.	13
Over 12 per cent.	3
TOTAL	70

BACTERIOLOGICAL EXAMINATION OF MISCELLANEOUS FOODS.

In addition to the phosphatase tests applied to milk sold as pasteurised, 15 samples were taken of milk, in respect of which prohibition notices had been served under Regulation 20, Milk and Dairies Regulations, 1949, because of suspected tuberculous infection, to ensure that this milk had been efficiently pasteurised. All the samples gave satisfactory results.

18 samples of miscellaneous foods were submitted for examination for food poisoning organisms.

Description of Food	Number of samples submitted.
Cheese	1
Dried Egg	3
Frozen Egg	3
Milk	1
Frozen Rabbit	1
Tinned Rabbit	9
TOTAL	18

1 sample of sterilised milk was submitted for examination for sporing organisms.

2 samples of bottled shellfish, when examined bacteriologically, gave satisfactory results.

Ice Lollies.—23 samples of Ice Lollies were submitted for bacteriological examination. The results, which were satisfactory, showed all the samples to be free from Bacillus Coli and none had a bacteriological count exceeding 10 bacteria per millilitre.

(Other details regarding the examination of ice cream and ice lollies will be found on page 83 of this Report).

PHARMACY AND POISONS ACT, 1933.

Premises on Local Authority's list of persons entitled to sell poisons included in Part II of the Poisons List (at 31st December, 1950)	736
Premises added to the list of persons during the year	137
Number of routine visits and inspections in the year 1950	198

FERTILISERS AND FEEDING STUFFS ACT, 1926.

Five samples were taken under the above Act during the year, and all were satisfactory.

THE HYDROGEN CYANIDE (FUMIGATION OF BUILDINGS) REGULATIONS, 1938.

Fumigation of Food Premises with Hydrogen Cyanide.—Two flour mills and one food warehouse were fumigated by Hydrogen Cyanide during the year. The fumigation was carried out to keep in check the infestation by grain pests which is endemic in all flour mills and associated warehouses.

Before the foodstuffs, which were in the premises during fumigation, were released for use, fifteen samples were taken of these foodstuffs and they were analysed to ensure their freedom from Hydrogen Cyanide. All the samples were satisfactory.

FOOD HANDLING.

The importance of the hygiene of food handling has always been recognised in the Public Health Department and, even prior to the passing of the Food and Drugs Act, 1938, Sheffield was actively tackling the problem of the construction and cleanliness of food preparation premises, which included : potted and preserved meat factories and ice cream dairies, and, to this end, had special legislation incorporated in a local Act. Fish friers' premises were strictly controlled, and a high standard in construction and cleanliness had been reached prior to 1939. When the Food and Drugs Act, 1938, became law, full advantage was taken of the additional powers conferred by Sections 13 and 14, but, during the war years, it was not possible to secure all the desirable constructional improvements to food premises.

When, in October, 1949, the Ministry of Food issued the new Model Byelaws for the Handling of Food, the Health Committee immediately recommended the adoption of these byelaws by the City Council and they became operative in May, 1950. These byelaws are wide in their application and will help materially in the problems of food hygiene.

Codes of practice in relation to food handling are in course of preparation for each particular food trade, and the co-operation of the food trades concerned is being sought.

Particular attention has been paid to the inspections of shops, stalls and vehicles used in the food trades, and visits are regularly made to restaurant and hotel kitchens. The Ice Cream (Heat Treatment) Regulations are being enforced, and frequent samples for bacteriological examination are taken to ensure compliance with these Regulations.

It is realised that the whole problem of food hygiene is closely allied with a process of educating the staffs engaged in the food trades and also the consuming public. Every opportunity has been taken, by means of talks to the food trades and allied organisations and by press propaganda, to stress the important part that hygiene plays in food handling.

MEAT INSPECTION

Private Slaughterhouses.—There are two private slaughterhouses in the City. One of these is used exclusively for the slaughter of pigs, and 1,836 pigs were slaughtered there in the year 1950. Five carcases, 84 part carcases, and offal, representing a weight of 5,088 lbs. from these pigs, were found to be unfit for human consumption and were condemned. At the other private slaughterhouse, which is the special Horse Slaughterhouse at the Corporation Abattoir, there were 2,067 horses slaughtered during the year. All were examined by the Meat Inspectors.

Corporation Abattoir.—The carcase of every animal which is slaughtered for food at the Corporation Abattoir is examined by a qualified meat inspector, and any carcase suspected of being diseased is taken to the Detention Room for a final inspection. Inspections are also made of the animals whilst they are in the lairages awaiting slaughter. Any which are suspected of being diseased are taken to an Isolation Slaughterhouse, where they are slaughtered and dressed in order that they may have no contact with the healthy animals. Animals slaughtered under the Tuberculosis Order, 1938, are kept under careful observation, and are also subject to careful examination. The Ministry of Agriculture and Fisheries are at once informed of any instance where an animal is suspected as suffering from a notifiable disease.

148,100 animals of all kinds were slaughtered and inspected at the Abattoir during the year, as against 122,413 in 1949, and 146,465 of them, as against 120,837 in 1949, were slaughtered by electrical or mechanical stunning. Oxen are stunned by captive bolt pistol, and calves, sheep and pigs by the use of electrically-charged stunning tongs. The table which follows gives details regarding all animals which were slaughtered and inspected in the City in the year 1950.

TABLE XXXVII.—*Animals slaughtered and inspected in the City in the year* 1950.

Where Slaughtered	Oxen	Calves	Sheep and Lambs	Pigs	Horses	Total
Abattoir Main Slaughterhalls	35,454	3,639	98,268	8,641	—	146,002
Do. (Jewish Method)	472	18	1,145	—	—	1,635
Isolation Slaughterhall . .	320	29	37	77	—	463
Totals (Abattoir)	36,246	3,686	99,450	8,718	—	148,100
Totals (Private Slaughterhouses) . .	—	—	—	1,836	2,067	3,903
Grand Totals . .	36,246	3,686	99,450	10,554	2,067	152,003

Of the 152,003 animals slaughtered and inspected in the City in the year 1950, there were 1,227 whole carcases found to be in a diseased condition and condemned, and a further 20,022 carcases, some part or organ of which was condemned. In the following table, are given further particulars relating to carcases which were condemned, and separate information is shown in regard to carcases which were affected with Tuberculosis.

TABLE XXXVIII.—*Carcases Inspected and Carcases Condemned in the City in the year* 1950

Class of Animal	Oxen	Calves	Sheep and Lambs	Pigs	Horses	Total
Number killed and inspected	36,246	3,686	99,450	10,554	2,067	152,003
Affected with Tuberculosis—						
Whole carcases condemned . .	563	11	1	27	1	603
Carcases of which some part or organ was condemned . .	8,015	13	1	315	—	8,344
Total affected with Tuberculosis . .	8,578	24	2	342	1	8,947
Percentage of number killed affected with Tuberculosis	23·67%	0·65%	0·00%	3·24%	0·05%	5·89%
Affected with other diseases—						
Whole carcases condemned . .	88	291	162	77	6	624
Carcases of which some part or organ was condemned . .	6,772	37	3,777	792	300	11,678
Total affected with diseases other than Tuberculosis	6,860	328	3,939	869	306	12,302

By a local bye-law, introduced on 1st October, 1938, it is a requirement that all meat from animals killed outside the City and which is for sale for human consumption in Sheffield, excepting salted or frozen meat or meat bearing the official stamp of the Minister of Health, must be brought to the Sheffield Corporation Abattoir for inspection. Particulars of the meat which was so brought to the Abattoir in 1950 are as follows : one carcase and 50 hind quarters of beef with offal, 122 calves with offal, 497 sheep with offal, 3,983½ pigs with offal, and, in addition, 1,031 pig plucks, 34,184 pig heads, meat and other offal weighing 234 tons 15 cwts. 0 qr. 8 lbs. The total weight of meat unfit for human consumption was 3 tons 18 cwts. 1 qr. 10 lbs.

Diseases of Animals Acts (Non-Veterinary Functions).—The non-veterinary functions under the Diseases of Animals Acts are administered by the Local Authority, and the inspectors appointed for this purpose made 306 visits during the year 1950. Information is given below under the main headings of this work :—

Regulation of Movement of Swine Orders.—The requirements of these Orders are that all swine which are exposed for sale at markets are to be subject to detention and isolation for a period of twenty-eight days after leaving the market. In view of the decline in the number of outbreaks of Swine Fever occurring in this country since 1946, these Orders were revoked as from 1st February, 1950, by the Regulation of Movement of Swine (Revocation) Order, 1950, but as a result of the spread of Swine Fever during the ensuing months, the above requirements were again introduced as from 6th August, 1950, by the Regulation of Movement of Swine Order, 1950. Licences to move the swine are issued at the Sheffield Corporation Abattoir and at Wadsley Bridge Live Stock Market, and there was systematic visiting to ensure that the provisions of the Orders were observed.

Transit of Animals Orders.—Cleansing and disinfecting of road vehicles used for the transporting of animals to the Corporation Abattoir and to and from Wadsley Bridge Live Stock Market is undertaken by the Corporation, at a small charge to cover expenses. 1,186 vehicles were cleansed and disinfected during 1950.

Swine Fever.—In cases of Swine Fever, it is the duty of the Local Authority to arrange for the disposal of the carcases of infected pigs, to notify the Ministry of Agriculture and Fisheries and also to carry out the necessary disinfection of all sties or premises which have housed the diseased animals. There were 31 suspected cases in 1950, and, on further investigation, seven cases were confirmed.

Tuberculosis Order, 1938.—The Local Authority is required to supervise the disinfection of the stalls or standings in which there have been cattle affected with Tuberculosis. Disinfection was in all cases carried out satisfactorily during the year.

Foot and Mouth Disease.—There were no outbreaks of Foot and Mouth Disease in the City during the year.

METEOROLOGY

TABLE XXXIX.—*Meteorology during* 1950. *Records taken at Weston Park* (430 *feet above sea level*).

Week ending	Mean Barometer Corrected.	Air Maximum. Mean Daily Temperature	Air Minimum. Mean Daily Temperature	Grass. Mean Daily Temperature	Soil 1 foot. Mean Daily Temperature	Soil 4 feet. Mean Daily Temperature	Total Rainfall for the week. (inches)	Mean Daily Sunshine. (hours)
Jan. 7th	29·96	51	40	39	43·0	44·1	0·67	0·7
14th	30·20	51	43	39	43·4	44·7	0·07	0·9
21st	30·35	41	36	33	40·4	44·7	0·06	0·3
28th	30·32	35	29	26	37·3	43·2	0·01	0·3
Feb. 4th	29·76	41	29	27	35·7	41·5	2·11	0·4
11th	29·47	46	35	33	37·9	40·9	1·81	2·6
18th	29·76	51	40	37	39·5	41·0	0·67	1·8
25th	29·84	44	36	34	40·7	41·9	1·82	1·2
Mar. 4th	30·15	46	31	28	36·9	41·4	0·04	4·2
11th	30·34	54	41	36	41·0	41·3	0·01	5·0
18th	29·79	50	39	36	41·4	42·1	0·57	3·3
25th	30·00	57	41	38	45·4	43·1	0·38	4·4
April 1st	30·21	51	39	36	43·8	44·1	0·16	2·5
8th	29·71	53	40	37	44·5	44·3	0·41	4·6
15th	29·65	48	36	34	43·7	44·9	1·33	4·7
22nd	29·98	54	40	36	44·2	44·5	0·34	5·3
29th	29·83	49	36	34	44·7	45·1	0·82	5·5
May 6th	30·12	54	44	42	47·2	45·6	0·50	2·5
13th	30·29	61	44	42	48·7	46·5	0·32	7·1
20th	29·99	53	42	39	49·1	47·7	0·22	1·0
27th	30·04	56	44	43	49·4	48·0	0·43	2·5
June 3rd	30·17	68	50	46	52·8	48·8	0·06	7·8
10th	30·17	76	55	50	60·1	51·7	—	11·3
17th	29·98	65	49	46	58·6	54·1	0·43	7·2
24th	29·84	65	51	48	57·6	54·4	0·50	5·4
July 1st	30·04	71	56	52	59·6	54·9	0·18	8·0
8th	30·04	66	53	50	58·7	55·7	0·03	3·7
15th	29·86	69	54	49	60·7	56·1	0·68	7·4
22nd	29·91	69	57	54	60·5	56·9	0·73	4·7
29th	29·97	67	52	48	60·1	57·1	0·07	8·0
Aug. 5th	29·91	69	55	51	60·4	57·3	0·56	6·3
12th	29·95	72	56	52	61·4	57·9	0·30	5·5
19th	29·79	64	53	49	60·0	58·1	0·84	6·0
26th	29·89	68	53	48	58·5	57·7	0·67	4·2
Sept. 2nd	29·93	69	51	48	58·1	57·2	1·20	4·3
9th	29·87	63	49	46	56·9	57·0	1·03	4·7
16th	29·82	64	52	49	57·1	56·4	0·25	3·6
23rd	29·75	57	47	43	54·0	55·9	0·74	4·5
30th	29·84	59	47	43	52·9	54·6	1·36	0·6
Oct. 7th	29·81	59	50	47	53·0	53·9	0·48	3·7
14th	30·02	56	45	43	50·5	53·3	0·65	3·3
21st	30·19	57	48	44	51·0	52·4	0·07	2·9
28th	30·20	49	41	37	48·0	52·7	—	1·4
Nov. 4th	30·03	48	37	34	43·8	51·1	0·42	1·8
11th	29·93	49	40	37	43·6	49·7	0·37	2·1
18th	29·59	44	37	34	41·7	48·6	1·52	1·4
25th	29·48	44	38	36	42·0	47·3	1·90	0·6
Dec. 2nd	29·75	47	36	33	40·7	46·4	0·85	0·9
9th	29·87	42	31	27	37·8	45·5	0·30	2·7
16th	29·61	37	30	27	37·3	44·3	0·67	1·9
23rd	29·91	37	31	30	35·1	43·1	0·14	0·0
30th	30·14	35	32	30	34·9	42·0	0·55	0·3

TRENDS IN PULMONARY TUBERCULOSIS.

A COMPARISON OF THE EXPERIENCE OF SHEFFIELD AND ENGLAND AND WALES.

By William Fielding, m.d., b.sc., d.p.h.

The death rate from pulmonary tuberculosis in England and Wales has shown a fairly steady decline over the last hundred years, interrupted at times by temporary fluctuations such as were experienced during the two world wars. When these influences were removed the rate of decline has tended to resume its normal pace. (See Fig. 6, which follows the text, for the period 1900-1949).

But while these temporary fluctuations in the mortality rates can usually be fairly convincingly ascribed to outside influences, the reason for the overall decline—the steady downward trend, which during the last few years has become very marked—is much more difficult to explain, and is probably the result of no single factor, but the result of a number of factors together. The late Dr. C. O. Stallybrass, in a paper read at the North Western Branch of the Society of Medical Officers of Health in November, 1948, suggested that the gradual improvement in the living standards of the population, the result of the mechanisation of industry during the 19th and 20th Centuries, with a steadily increasing output of goods, was probably the most important factor, together with the appreciation of the infectious nature of the disease (Koch first described the tubercle bacillus in 1884), the segregation of infectious cases in sanatoria, the control of family contacts, and improved methods of treatment.

Certain areas of the country, and certain age groups of the population, however, have not shared in the generally declining mortality from pulmonary tuberculosis to the same extent as others have done, and in this respect the influence of occupation appears to play a significant part. The iron and steel industry, upon which the prosperity of Sheffield largely depends, appears to have always been considered an " unhealthy " industry as regards certain processes, and a recent publication (Industrial Lung Diseases of Iron and Steel Foundry Workers—McLaughlin. H.M.S.O., 1950), shows that sandblasting, cleaning of castings, grinding, moulding and furnace bricklaying, carry a risk of silicosis and tuberculosis far greater than that in cleaner processes. Other groups of industrial workers, such as quarrymen, masons, etc., who handle silicious material, are similarly at risk.

In the middle of the 19th Century, female mortality from pulmonary tuberculosis exceeded male mortality in England and Wales, but the rates crossed in 1860, and in 1949 the crude death rates per million living were 516 for males and 301 for females (Registrar General's Statistical Review, 1949). As regards the age at death, the highest mortality rates for respiratory tuberculosis continue to be in males over the age of 45 (particularly over 55) and in females between 20 and 34 (Report of the Ministry of Health for the year ended 31st March, 1950, Part II).

It has been suggested (Stallybrass, 1948) that the age and sex differences and changes are closely related to occupational causes. Before the industrial age, women worked in the home and were exposed to infection from cases never isolated. Exposure to industrial conditions, especially silica dust, introduced a more chronic form of tuberculosis among males, but the increase in the number of women who have entered industry lately (*i.e.*, since 1914), especially during the war periods, has introduced to factory life a group of relatively low resistance to tuberculous infection, with results which are reflected in a high morbidity and mortality rate in the female 20-34 year age group.

It is unfortunate that we find alongside a steadily declining mortality rate from pulmonary tuberculosis in England and Wales a tendency for the morbidity rate (as shown by the notifications) to increase. The influence of the war years, the medical examination of large numbers of entrants to the services, the increasing number of mass miniature radiography surveys, etc., have undoubtedly brought many cases of early pulmonary tuberculosis to light, and the following table, taken from the Report of the Ministry of Health for the year ended 31st March, 1950, Part II, illustrates the present trend of morbidity.

TABLE I.—*Tuberculosis Notifications by Sex and Age, deaths of persons not notified and transfers between areas, years* 1938-1949, (*England and Wales*).

Respiratory Tuberculosis.

Sex	Year	Number of formal notifications according to age					Deaths of T.B. persons not notified before death	Transfers between areas other than formal notifications
		0—	15—	25—	45 & over	All ages	All ages	All ages
MALES ...	1938	1,557	4,637	8,443	6,665	21,302	Males and Females	Males and Females
	1939	1,189	4,477	7,868	6,161	19,695		
	1940	1,100	4,856	8,923	6,109	20,988		
	1941	1,234	5,074	9,821	7,018	23,147		
	1942	1,395	5,355	9,775	7,098	23,623		
	1943	1,546	5,438	9,758	7,629	24,371		
	1944	1,639	5,872	9,762	7,697	24,970		
	1945	1,643	5,557	9,680	7,453	24,333		
	1946	1,826	5,581	9,837	7,285	24,529		
	1947	2,217	5,864	9,193	7,399	24,673		
	1948	2,297	5,417	9,235	7,763	24,712		
	1949	2,320	5,396	9,322	8,303	25,341		
FEMALES ...	1938	1,494	5,733	6,806	2,544	16,577	1,867	3,459
	1939	1,188	5,490	6,281	2,276	15,235	1,805	3,815
	1940	1,110	5,506	6,381	2,166	15,163	2,250	4,146
	1941	1,178	6,026	6,613	2,535	16,352	2,872	3,885
	1942	1,229	6,626	6,783	2,368	17,006	2,604	3,501
	1943	1,494	6,851	7,165	2,529	18,039	2,535	3,458
	1944	1,504	7,489	7,417	2,414	18.824	2,335	4,196
	1945	1,519	7,087	6,976	2,251	17,833	2,411	4,714
	1946	1,769	6,648	6,921	2,306	17,644	2,436	5,873
	1947	1,978	7,043	7,119	2,346	18,486	2,615	6,028
	1948	2,422	7,158	7,328	2,351	19,259	2,664	6,239
	1949	2.321	6,945	7,474	2,399	19,139	2,600	6,732

These then are the main features of mortality and morbidity trends from respiratory tuberculosis in England and Wales over the past century—a steady, and during the last few years, a spectacular decline in mortality ; a variation in sex and age mortality which is connected probably more with occupational causes than with any other factor ; and a rather disquieting increase in the number of new cases of pulmonary tuberculosis brought to light, particularly in the younger age groups.

Sheffield, 1886-1949.—Sheffield offers interesting features for a study of tuberculosis rates. It is a large City, heavily industrialised, with many of its skilled craftsmen engaged in occupations normally considered to be " unhealthy." Detailed records of tuberculosis mortality are available from 1886 onwards, and of notifications from 1909 onwards, and although the complete accuracy of the earlier records is probably open to some doubt by present-day standards, the information has enabled a graphical record to be prepared of the trends of pulmonary tuberculosis in the City during the last 65 years.

Figures 1 and 2, which follow the text, show the trend of pulmonary tuberculosis mortality and morbidity rates among Sheffield residents of all ages, separate records having been prepared for each sex. The male mortality rate, 1·88 per 1,000 in 1886, reached a peak of 2·54 per 1,000 in 1890, and has gradually declined to 0·61 per 1,000 in 1949. Similarly, the female mortality rate, 1·37 per 1,000 in 1886, reached a peak of 1·38 per 1,000 in 1887, and has declined to 0·28 per 1,000 in 1949.

It is interesting to speculate that if the phthisis mortality rates of the late 19th Century had continued unchanged until the present day, it is calculated that approximately 40,000 additional deaths from phthisis would have occurred during the 64 years under review, calculated on the present population levels. This is, of course, a largely theoretical calculation, but it does at least give a measure of the enormous progress that has been made in stemming the tide of tuberculosis mortality.

Figures 3, 4 and 5, which follow the text, show mortality rates and notification rates for pulmonary tuberculosis among three different age groups of the Sheffield population for the years 1886-1949 (mortality rates) and 1909-1949 (notification rates). The three age groups selected for study, 0-14 years, 15-34 years, and 35+ years, might perhaps have been improved upon by the addition of a further age group, say 55+ years, but they show quite clearly the general decline in mortality affecting all three age groups, although this decline has not been equal in the groups.

TABLE 2.—*Mortality Rates—Pulmonary Tuberculosis—Rates per* 1,000 *population.*

Age Group	Males			Females		
	1886 rate	1949 rate	% reduction	1886 rate	1949 rate	% reduction
0—14 ...	0·24	0·017	93	0·58	0·018	97
15—34 ...	2·26	0·47	80	1·86	0·57	70
35+	3·46	0·97	72	1·76	0·23	87
All ages ...	1·88	0·61	68	1·37	0·28	80

The decline in mortality from pulmonary tuberculosis therefore appears to have been approximately equal in the two sexes of the 0-14 age group, but more marked in the males of the 15-34 age group and in females of the 35+ age group, than in the corresponding age groups of the opposite sexes.

The age at which death has occurred has also shown a significant variation between 1886 and 1949, as is illustrated below :—

TABLE 3.—*Age at which death occurred from Pulmonary Tuberculosis, Years* 1886 *and* 1949.

	1886			1949		
	Number of deaths at age :—			Number of deaths at age :—		
	0 — 14	15 — 34	35+	0 — 14	15 — 34	35+
Males ...	13 (4·6%)	121 (42·7%)	149 (52·7%)	1 (0·7%)	31 (20·5%)	119 (78·8%)
Females ...	32 (15·1%)	102 (48·3%)	77 (36·6%)	1 (1·4%)	42 (56·0%)	32 (42·6%)
Both sexes ...	45 (9·1%)	223 (45·1%)	226 (45·8%)	2 (0·8%)	73 (32·3%)	151 (66·9%)

One of the most heartening features of the progress noted over the last hundred years has been the reduction in mortality from pulmonary tuberculosis among the very young, and although it is fully appreciated that both numerically and in composition the population of Sheffield has changed materially between 1886 and 1949, the reduction in deaths in the 0-14 age group from 45 to 2 (from 9·1 per cent. to 0·8 per cent. of the total deaths) is a rather striking illustration of this fact. The population of the City has increased from 304,720 to 513,700 between these two dates, but the " 0-14 population " has remained virtually unchanged numerically. The proportions of deaths from pulmonary tuberculosis in the 15-34 and 35+ age groups were very approximately equal in 1886, but in 1949 the proportion of deaths in the 35+ age group was more than double that in the 15-34 age group. It is in the 35+ age group however, that the influence of changes in the composition of the population is most felt, for the " 35+ population " increased from 86,818 in 1886 to 260,937 in 1949, but quite apart from the changing composition of the population, the Sheffield figures support those quoted by the Ministry of Health in that the greatest proportion of the mortality falls on males in the older age groups and on females in the intermediate age groups.

Notification of Pulmonary Tuberculosis. Sheffield 1909-49.—The compulsory notification of tuberculosis in Sheffield commenced in 1903, but detailed age and sex distribution of notified cases can only be traced back as far as 1909. The comments of the Medical Officer of Health in his Annual Reports for the years immediately following the introduction of compulsory notification would suggest that the disease was often very far advanced when notification was made, and in many cases the death certificate was the first and only intimation to the public health authority. In recent years, the diagnosis of pulmonary tuberculosis has received many additional aids, and the early case, with a hopeful prognosis, is found far more frequently.

Notification rates for pulmonary tuberculosis in Sheffield will be found in Figs. 3, 4 and 5, charted with the mortality rates for the three selected age groups, and the most striking feature of a comparison between the morbidity and mortality rates is the wide fluctuations that have occurred in the former during the period under examination. These fluctuations are seen in all three selected age groups, but are much more pronounced in the 0-14 group than in either of the other two groups. In order to enable these fluctuations of morbidity to be more fully appreciated, a table has been prepared below showing the ratio between the morbidity (notifications) rate and the mortality rate in seven selected years between 1909-49, as under :—

1909. The first year in which detailed notifications are available.
1917. The peak year of the first World War notifications.
1919. End of First World War. Influenza epidemic.
1929. The peak of the notifications for the " depression " years.
1939. Beginning of Second World War.
1942. The peak of the notifications of the Second World War period.
1949. The end of the period under review.

TABLE 4.—*Ratio of Notifications/Deaths from Pulmonary Tuberculosis—both calculated on rates per 1,000 population.*

Age Group	Sex	Year						
		1909	1917	1919	1929	1939	1942	1949
0—14	M	2·89	8·82	7·18	141·0	35·7	26·1	95·3
	F	2·86	4·56	5·23	108·0	37·9	39·2	95·0
15—34	M	1·39	3·76	2·55	4·70	1·96	3·13	3·87
	F	1·54	2·22	2·09	4·65	2·09	2·51	3·54
35+	M	1·17	1·35	1·34	1·66	1·21	1·66	1·50
	F	1·00	1·64	1·59	2·21	1·54	1·15	1·76
All ages	M	1·33	2·30	2·00	4·16	1·82	2·48	2·59
	F	1·43	2·34	2·30	6·00	2·58	2·66	3·99

The ratio between the notification rate and the mortality rate can be regarded to a certain extent as an index of early diagnosis, and it is interesting to note that certain of the selected age groups showed a high notification rate/mortality rate ratio at particular periods. This ratio has been subject to the widest fluctuations in the youngest age group, the 0-14 years, in other words, the age group of the pre-school child and the school child, and it appears extremely likely that the frequent and regular medical examinations to which this group is subject, at Infant Welfare Clinics, at school medical inspections, as entrants to industry (when the school leaving age was 14 years) and finally as contacts of cases notified in their own families, have been responsible for this very high rate of notification. During 1929, which was a particularly difficult year in Sheffield, owing to industrial depression and unemployment, many young " pre-tuberculous " children were notified as a precaution so that every preventive and nutritional agency might be provided for the help of badly-nourished children. The high notification rate/mortality rate ratio in 1949 is largely accounted for by the remarkably small number of deaths from pulmonary tuberculosis among this age group in this year, and the notification of children found infected as a result of refinements of diagnosis.

The 35+ age group shows the least variation in the notification rate/mortality rate ratio, and it is in this group in particular that diagnosis may be most delayed. The reasons, quite apart from the fact that the disease, in its beginnings at least, is nowadays a disease of adolescence rather than of old age, seem to be that, as breadwinners or mothers of families, persons of this age group are reluctant to face the possibility of prolonged sanatorium treatment.

The intermediate age group, 15-34 years, shows a notification rate/mortality rate ratio midway between the oldest and youngest group. This is the age group which, at the present time, appears to offer the least resistance to respiratory tuberculosis, and in the female sex, to suffer the highest mortality. The medical examination of large numbers of recruits for the armed forces, together with the great increase in mass miniature radiography, has probably affected this age group more than any other in bringing to light early pulmonary tuberculosis.

Mortality from Pulmonary Tuberculosis in Sheffield and England and Wales—A Comparison.— The death rates from pulmonary tuberculosis in Sheffield and England and Wales, calculated as rates per million of the population are compared in Fig. 6. Both rates have shown a steady decline to levels which are now the lowest in history. The Sheffield rate has been, subsequent to 1918, fairly closely comparable with the national rate, a not inconsiderable achievement in view of the heavy industry carried out in the area, and the multiplicity of occupations involving exposure to dusts. Between 1900 and 1918, particularly during the period of the First World War, Sheffield suffered a heavier mortality from pulmonary tuberculosis than the average for the rest of the country, with the exception of three isolated years, 1902, 1906 and 1910. The national level was again exceeded by the Sheffield mortality rate between 1920-23, but from 1924-34 the Sheffield rate was either below the rate for England and Wales, or only very slightly exceeded it. Subsequent to 1934, the Sheffield mortality rate has tended to exceed the national rate, particularly during the early years of the Second World War.

It seems at least a possibility that the return of tuberculous patients to industry during periods of national emergency may have accounted to some extent for these fluctuations in the local tuberculosis mortality rates, for generally speaking, to return to industry in Sheffield means to return to heavy and often dusty types of employment. High wages during these periods, with increased purchasing power, were presumably unable to compensate for the damage to health through long hours of hard physical labour, and during the " depression " years in Sheffield, when unemployment was at its peak, it will be seen by reference to Fig. 6, that the mortality rates from pulmonary tuberculosis showed a similar upward trend (see particularly 1921 during the period of industrial unrest in Sheffield, and the early 1930's when there was very serious unemployment).

Overcrowding, which tends to be maximal in large industrial centres, together with the loss of sunshine from atmospheric pollution, also plays a significant part in maintaining the relatively high mortality rates from pulmonary tuberculosis in densely populated areas. Priority rehousing of cases of infectious tuberculosis is particularly valuable in preventing the spread of the disease to family contacts, but the total abolition of overcrowding is probably the most important social reform awaiting solution.

The inoculation of susceptible contacts with B.C.G. vaccine, which has been proceeding for some time in Sheffield, should also (judging from the results obtained in certain European countries) prove one of the most valuable methods of prevention, but sufficient time has not yet elapsed to assess its value in this country.

FIG. I.

PULMONARY TUBERCULOSIS

DEATH RATES AND NOTIFICATION RATES PER 1,000
SHEFFIELD—MALES—ALL AGES—1886 TO 1949

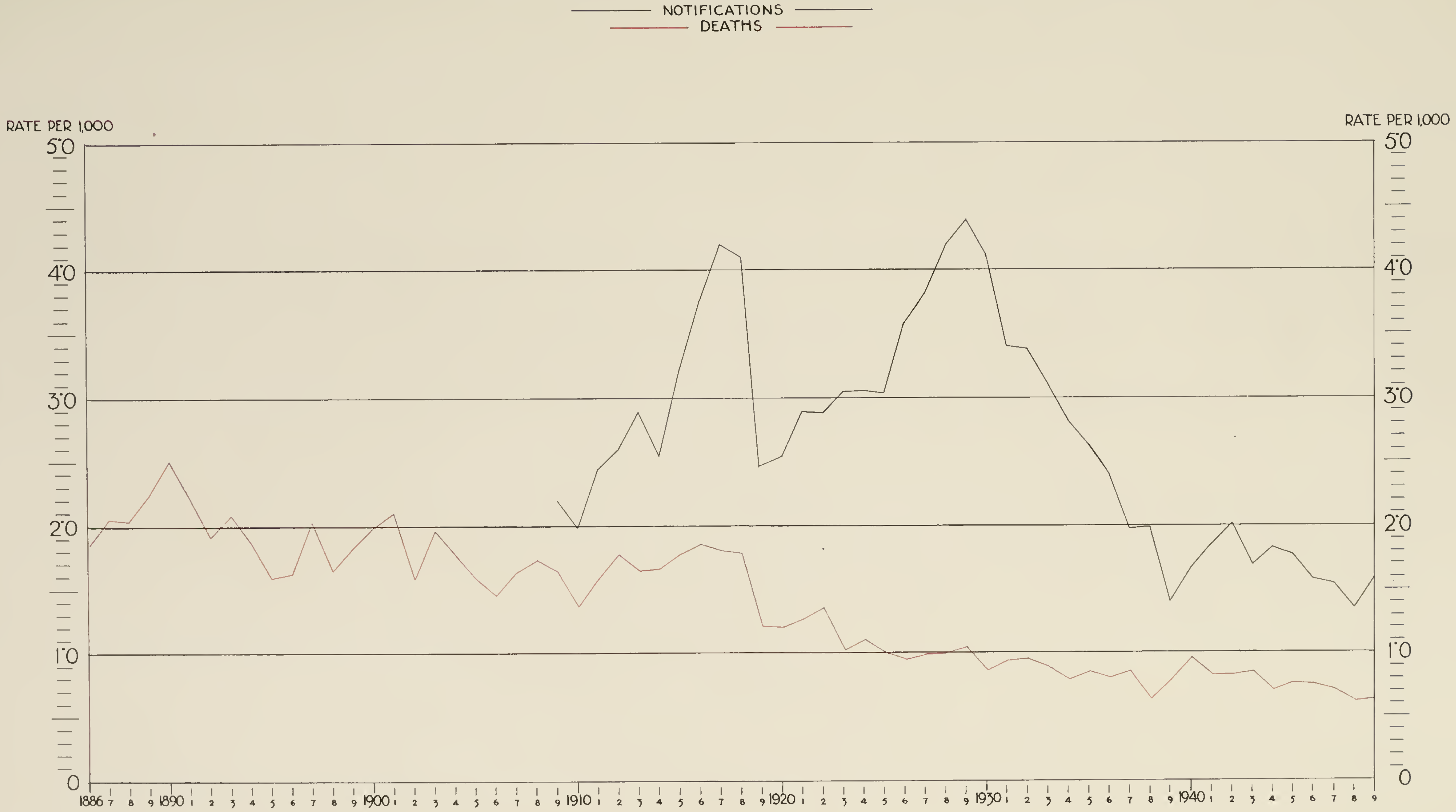


FIG. 2.

PULMONARY TUBERCULOSIS

DEATH RATES AND NOTIFICATION RATES PER 1,000
SHEFFIELD—FEMALES—ALL AGES—1886 TO 1949

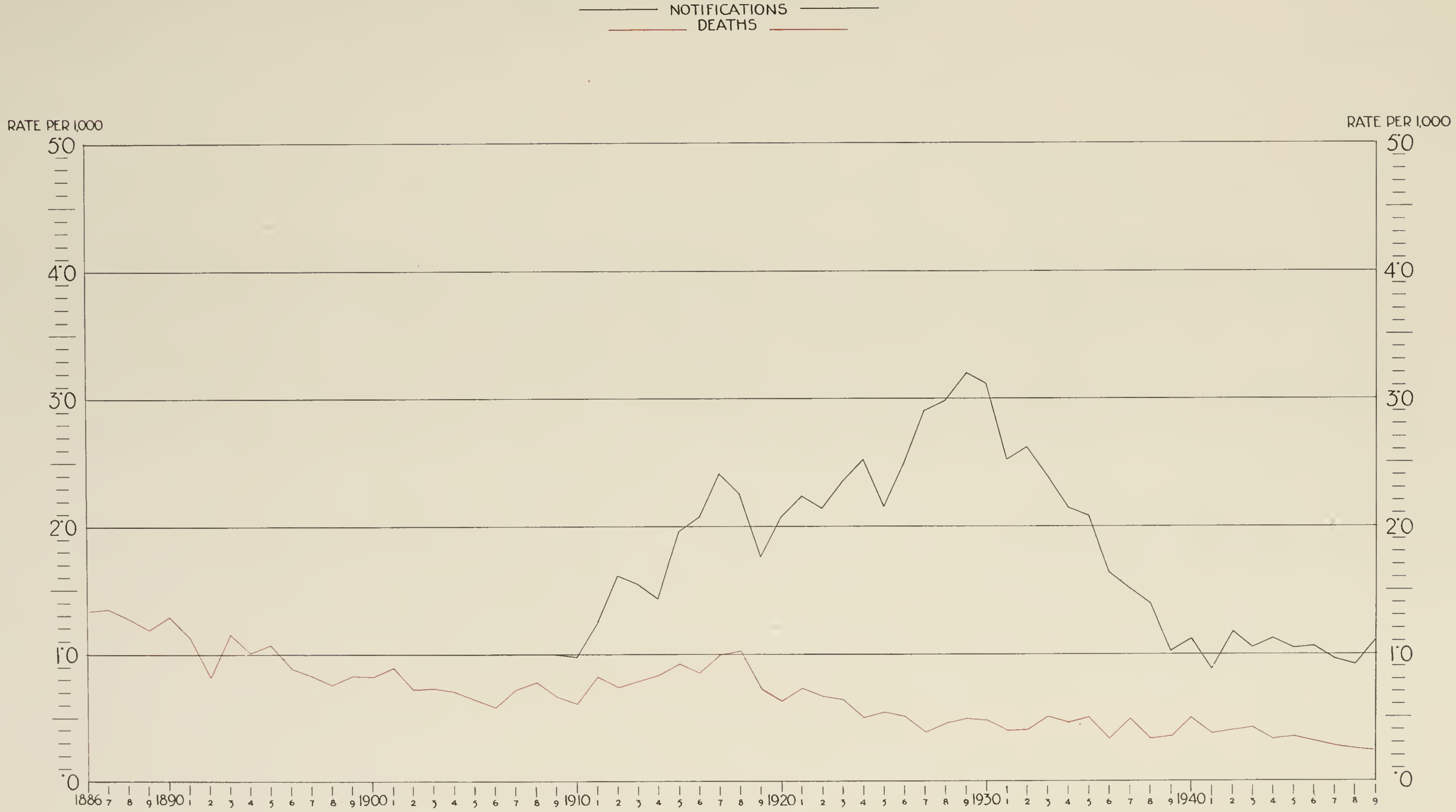


FIG. 3.

PULMONARY TUBERCULOSIS

DEATH RATES AND NOTIFICATION RATES PER 1,000
SHEFFIELD—MALE AND FEMALE—AGE GROUP 0 TO 14—1886 TO 1949

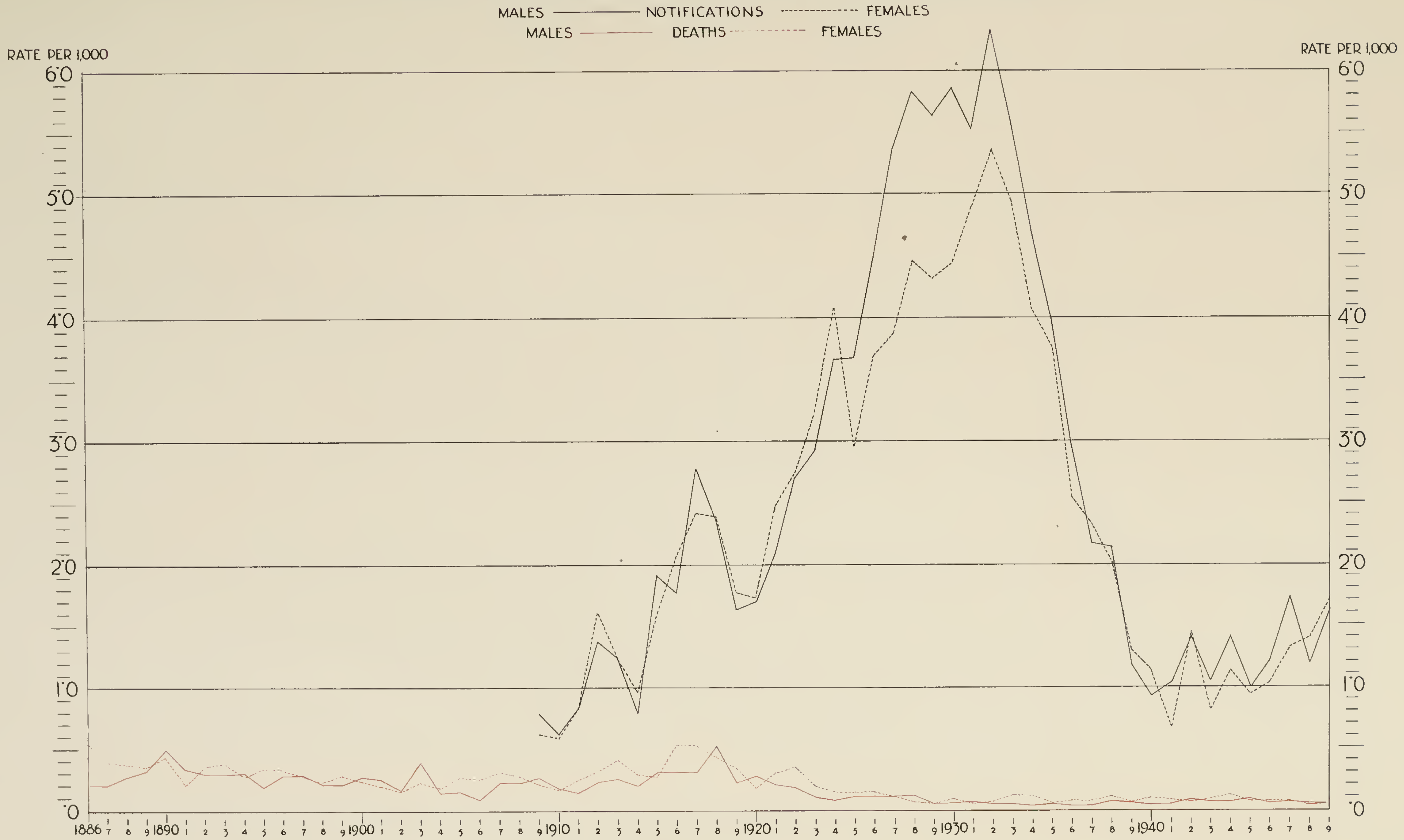


FIG. 4.

PULMONARY TUBERCULOSIS

DEATH RATES AND NOTIFICATION RATES PER 1,000

SHEFFIELD—MALE AND FEMALE—AGE GROUP 15 TO 34—1886 TO 1949

MALES ———— NOTIFICATIONS ------------ FEMALES

MALES ———— DEATHS --------- FEMALES

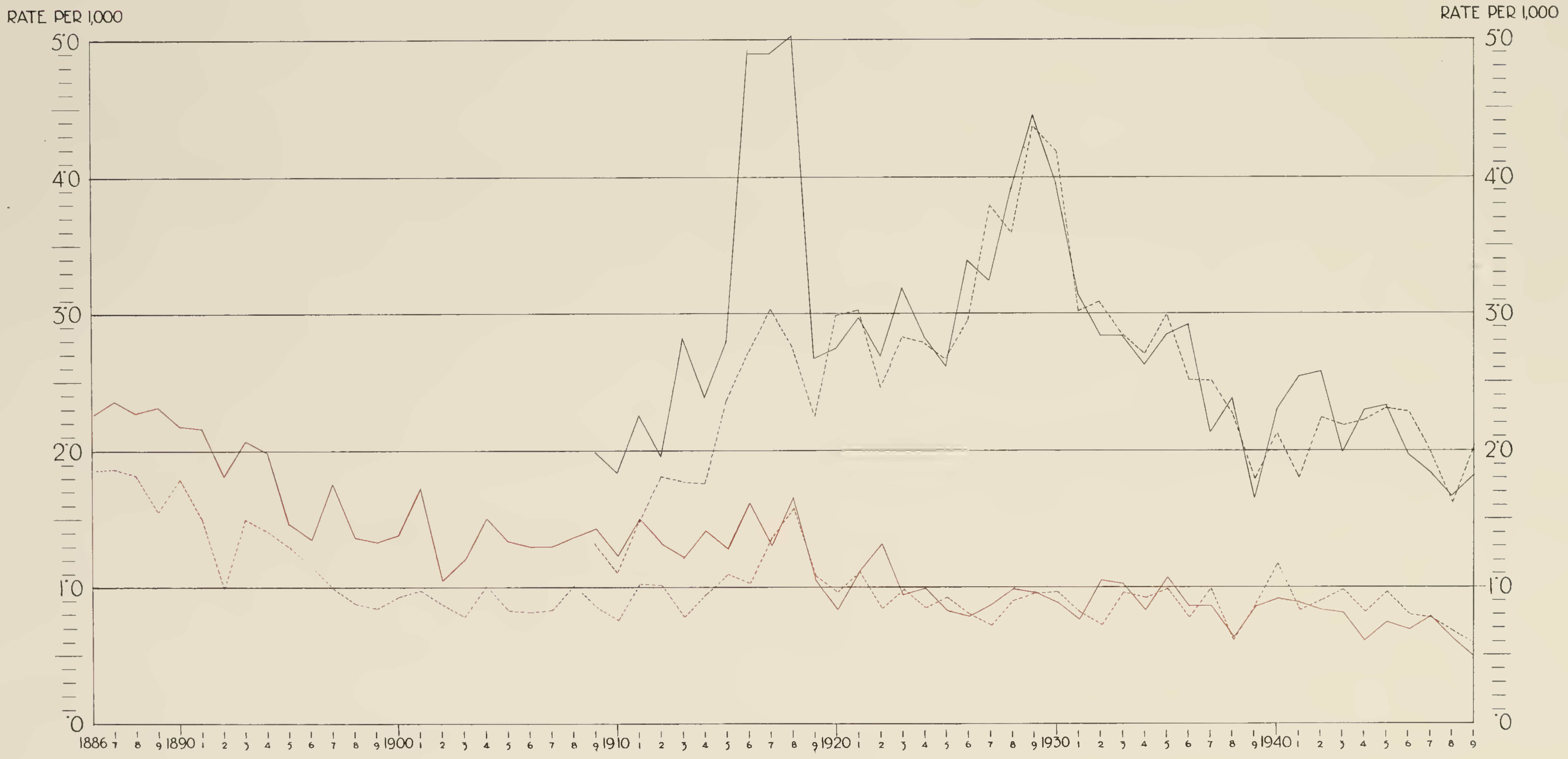


FIG. 5.

PULMONARY TUBERCULOSIS

DEATH RATES AND NOTIFICATION RATES PER 1,000
SHEFFIELD—MALE AND FEMALE—AGE GROUP 35+—1886 TO 1949

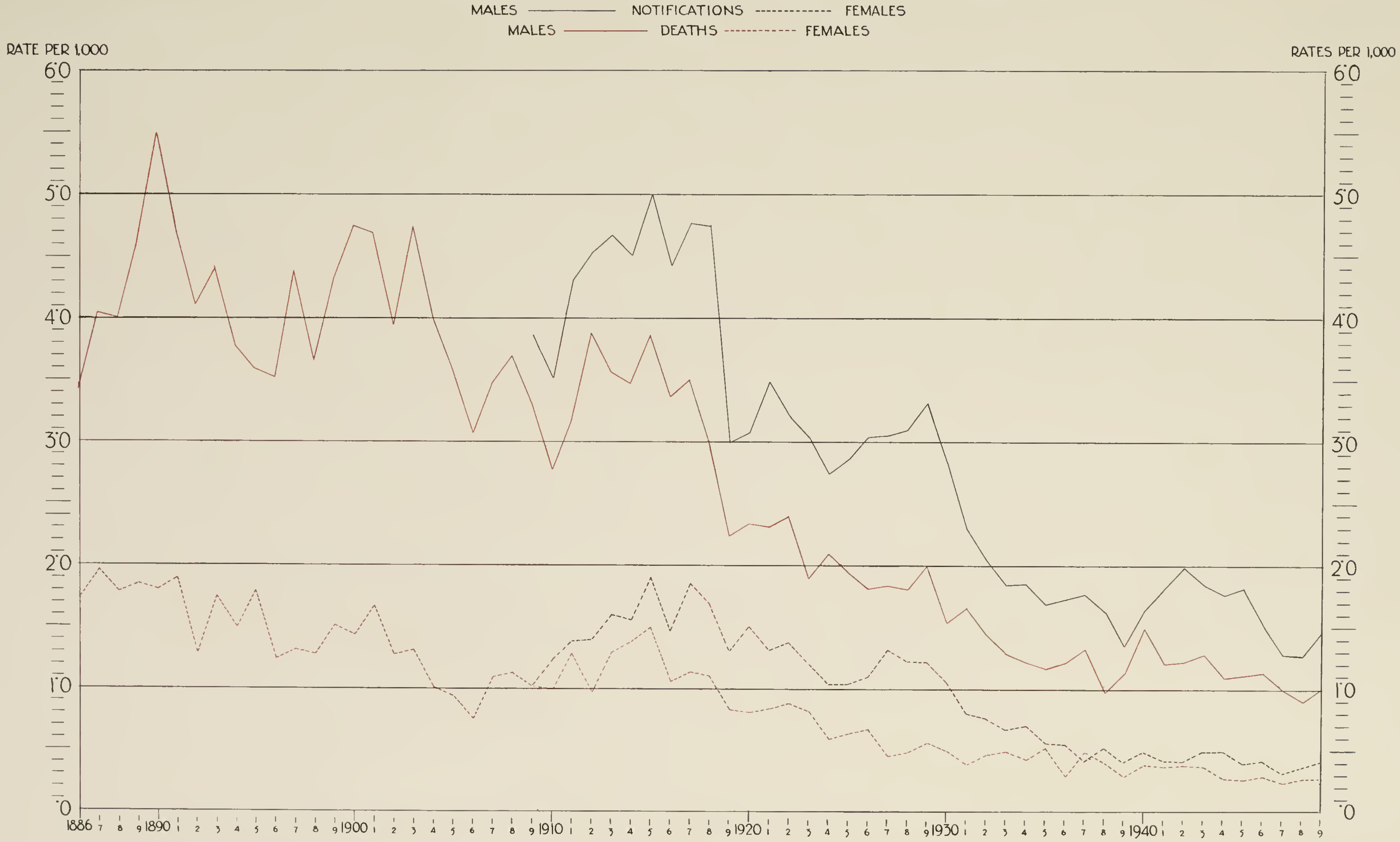
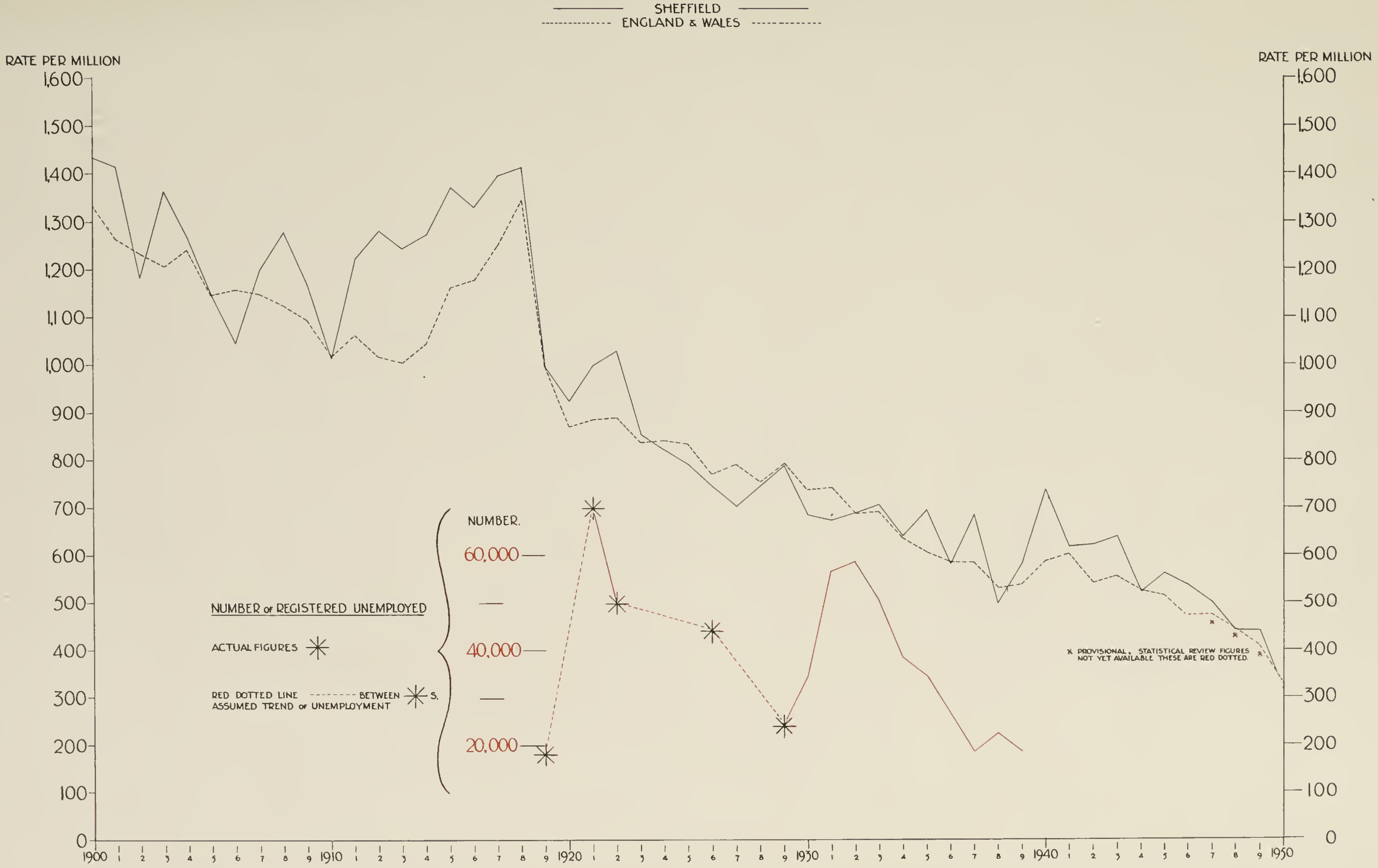


FIG. 6.

PULMONARY TUBERCULOSIS

DEATH RATES PER MILLION FOR SHEFFIELD AND ENGLAND AND WALES, 1900 TO 1950.



WELFARE OF THE BLIND

YEAR ENDED 31ST MARCH, 1950.

INTRODUCTORY :

During the year under review the welfare services for blind people, as approved by the Minister of Health in the scheme submitted under the National Assistance Act, 1948, were continued and, in some cases, extended as authorised.

The proposal for the opening of district social centres was approved with the idea of providing services to those who do not use the present facilities and who also, because of age, may not be able to travel long distances. The first centre was opened at Glossop Road Baptist Church on April 5th, 1949, and it is now successfully established. Staffing difficulties have, unfortunately, deferred the completion of the programme planned.

Administrative arrangements were also made for the official form of registration of blind persons (B.D. 8) to be completed for all new cases registered. Hitherto this form had not been completed for Regional Hospital Board cases, but the Minister of Health is, through the Regional Associations for the Blind, carrying out a detailed survey of all new cases, and particularly of the causes of blindness, and it was felt desirable, therefore, to adjust previous arrangements so that a form B.D. 8 will be available for research work in respect of all persons registered as legally blind.

Names are received by the Department from many sources, but the local office of the National Assistance Board now submit the majority of new cases. An appointment is made for one of the local ophthalmic surgeons to examine the case and the official form of registration of blind persons (B.D. 8) is completed. This form gives details of the history of the case, physical examination of the eyes, causes of the eye defects, general remarks such as family history, other mental, nervous or physical disabilities and finally the diagnosis and summary of the case with any recommendation regarding treatment. The information supplied is confidential. The surgeon also completes the certificate certifying whether, in his opinion, the patient is, or is not, legally blind. For cases where the answer is in the negative the surgeon is also asked to say whether or not the person is partially sighted.

It is possible for a blind person to appeal against the decision of the ophthalmic surgeon. Where this arises, arrangements can be made through the North Regional Association for the Blind for the Referee Service of the Association to be used. Normally, two ophthalmic surgeons conduct the re-examination and half the cost is paid by the North Regional Association and the other half by the Local Authority concerned. One appeal was made during the year under review, but the original decision made by the local ophthalmic surgeon was upheld by the Referee Service.

Action was also taken during the year to secure the maximum co-operation among major interested parties (the medical profession, health visitors, hospital almoners, etc.) in the discovery of persons likely to become legally blind as the Ministry of Health is most anxious that there should be the minimum delay in the registration of blind children and particularly those who fall in the age period group 0—1, but no names were received.

In August, 1949, an officer of the Ministry of Labour and National Service, with the Industrial Employment Officer for the area, attended at the Department in order to make a detailed review of the employment position of all persons between the ages of 16 and 65 who were registered with the department, but who were not in gainful employment. This information was for the Working Party on the Employment of Blind Persons which was then sitting.

Two other items during the period of this report, and which affected blind welfare nationally, were—

1. The issue of Circular D.P. 862/1949 by the Ministry of Labour and National Service. This circular indicated the form of accounts to be used by approved workshops for the blind for 1949-50 and subsequent years.
2. The issue in January, 1950, by the Minister of Health of Letter 94022/1/29, which indicated the form in which the statistics of registered blind people should be kept, commencing with the annual returns for the year ended 31st March, 1950.

During the year—from January 1st, 1950—the Social Care Department took over from this Department the financial responsibility in respect of blind persons in residential accommodation as the Social Care Department is now discharging the functions of the Sheffield City Council under Section 21 of the National Assistance Act for the provision of accommodation.

At the end of the year (March 27th to 30th, 1950) the Regional Office of the Ministry of Labour and National Service conducted a detailed inspection of the workshops in accordance with the conditions contained in the schedule of the Ministry's circular relating to the employment of blind persons in workshops for the blind. This was satisfactory but some minor amendments of procedure were suggested.

REGISTRATION STATISTICS at 31st MARCH, 1950

TABLE A —Classification by Age Groups of Registered Blind Persons

	Total Register (Age at March 31st, 1950)			New Cases Registered April 1st, 1949 to March 31st, 1950. (Age at Registration)		
	M.	F.	Total.	M.	F.	Total.
0	1	—	1	1	—	1
1	—	—	—	—	—	—
2	1	—	1	—	—	—
3	—	—	—	—	—	—
4	1	1	2	—	—	—
5—10	4	3	7	1	2	3
11—15	5	3	8	1	—	1
16—20	6	4	10	—	—	—
21—30	25	11	36	1	—	1
31—39	35	33	68	1	1	2
40—49	43	23	66	2	—	2
50—59	76	55	131	2	2	4
60—64	39	43	82	3	6	9
65—69	45	51	96	5	6	11
70 and over	170	260	430	36	48	84
	451	487	938	53	65	118

TABLE B —Ages at which blindness occurred

	Total Register					New Cases Registered April 1st, 1949 to March 31st, 1950.				
	M.	*	F.	*	Total	M.	*	F.	*	Total
0	37	8·20%	40	8·21%	77	2	3·77%	0	—	2
1	2	0·44%	3	0·61%	5	—	—	—	—	—
2	1	0·22%	3	0·61%	4	—	—	1	1·53%	1
3	4	0·89%	2	0·41%	6	—	—	—	—	—
4	3	0·66%	5	1·02%	8	—	—	—	—	—
5—10	17	3·77%	22	4·52%	39	—	—	—	—	—
11—15	11	2·44%	12	2·47%	23	1	1·89%	—	—	1
16—20	14	3·10%	16	3·29%	30	—	—	—	—	—
21—30	42	9·31%	23	4·72%	65	1	1·89%	1	1·53%	2
31—39	36	7·98%	29	5·95%	65	1	1·89%	—	—	1
40—49	46	10·20%	35	7·19%	81	2	3·77%	1	1·53%	3
50—59	48	10·67%	53	10·89%	101	2	3·77%	5	7·70%	7
60—64	32	7·00%	36	7·40%	68	3	5·66%	5	7·70%	8
65—69	32	7·00%	34	6·99%	66	6	11·32%	7	10·77%	13
70 and over	71	15·74%	105	21·56%	176	31	58·50%	38	58·47%	69
Unknown	55	12·20%	69	14·17%	124	4	7·54%	7	10·77%	11
	451	—	487	—	938	53	—	65	—	118

(* Age group totals expressed as percentages of total cases).

TABLE C —Blind persons age 16 and upwards

Not living at home.

	M.	F.	Total.
Residential accommodation provided under Part III of the 1948 Act, Section 21.			
(*a*) Homes for the Blind (all over 60)	7	3	10
(*b*) Other Homes	1	6	7
Other Residential Homes	4	14	18
Mental Hospitals	7	13	20
Mental Deficiency Institutions	1	1	2
Chronic Wards of Hospitals	22	30	52
	42	67	109

TABLE D.—Blind Population Statistics.

The following table summarises the position as to the age groups of registered blind persons in Sheffield at March 31st each year during which the Department has maintained statistics since the City Council took over the service in 1927. Special attention is directed to the reduction in the number of children who are legally blind in the groups 0—16 years :—

1929	35	(5·2 per cent of the total register).
1939	30	(3·2 per cent. of the total register).
1949	15	(1·6 per cent. of the total register).

At the same time the numbers in the groups over 50 have shown a large increase :—

1929	423	(62·5 per cent. of the total register).
1939	622	(71·4 per cent. of the total register).
1949	706	(77·9 per cent. of the total register).

TABLE SHOWING AGE GROUPS OF BLIND PERSONS (ON THE SHEFFIELD REGISTER) AS AT MARCH 31st EACH YEAR.

Year (at March 31st)	0-5	5-16	16-21	21-30	30-40	40-50	50-60	60-70	Over 70	TOTAL
1929	4	31	30	41	66	81	138	142	143	676
1930	3	29	32	43	67	85	136	149	153	697
1931	3	33	34	42	66	88	125	164	170	725
1932	4	29	33	48	67	85	138	178	176	758
1933	8	26	26	57	66	94	132	183	181	773
1934	7	23	28	51	72	92	134	196	183	786
1935	5	28	21	51	74	88	139	193	207	806

Year (at March 31st)	0-1	1-5	5-16	16-21	21-40	40-50	50-65	65-70	Over 70	TOTAL
1936	—	3	28	18	123	87	230	104	211	804
1937	—	4	26	16	116	86	233	101	222	804
1938	—	2	28	11	113	89	241	111	226	821
1939	—	1	29	13	113	93	256	138	228	871
1940	—	1	29	13	105	96	259	129	223	855
1941	—	1	28	13	105	93	255	115	240	850
1942	—	1	26	18	103	89	245	119	257	858
1943	—	2	22	14	105	83	230	136	309	901
1944	—	?	20	19	108	86	218	138	332	921
1945	—	2	20	17	103	85	219	124	349	919
1946	—	2	18	13	109	84	207	129	360	922
1947	—	2	13	14	103	86	208	112	383	921
1948	—	1	14	9	106	78	213	96	385	902
1949	—	3	12	10	100	74	216	90	401	906

Year (at March 31st)	0	1	2	3	4	5-10	11-15	16-20	21-30	31-39	40-49	50-59	60-64	65-69	70 and over	TOTAL
1950	1	–	1	–	2	7	8	10	36	68	66	131	82	96	430	938

TABLE E.—Distribution of Local Blind Persons.

	M.	F.	Total	M.	F.	Total
Children, age under 16.						
Under 2 At home	1	—	1	1	—	1
Age 2—4+ *Educable* At home	2	1	3			
Ineducable	—	—	—			
				2	1	3
Age 5—15+ *Educable* :—						
Attending school	5	3	8			
Not at school	1	—	1			
Ineducable :—						
In Mental Hospitals	2	2	4			
In Mental Deficiency Institutions	—	1	1			
At home	1	—	1			
				9	6	15
				12	7	19
Education, Training and Employment. *Age periods 16 years and upwards.*						
Educable.—At school : 16—20	—	1	1	—	1	1
Employed.						
(*a*) *In Workshops for the Blind.*						
16—20	—	—	—			
21—30	9	3	12			
31—39	10	4	14			
40—49	15	7	22			
50—59	11	2	13			
60—64	2	1	3			
65—69	1	1	2			
	48	18	66			
(*b*) *As Approved House Workers.*						
31—39	1	—	1			
40—49	1	1	2			
	2	1	3			
(*c*) *All others*	38	8	46			
				88	27	115
Undergoing Training.						
(*a*) For Sheltered Employment	3	1	4			
(*b*) For Open Employment	1	1	2			
(*c*) Professional or University	1	—	1			
				5	2	7
Not Employed				346	450	796
				451	487	938

TABLE F.—Registration of Blindness.

During the year ending 31st March, 1950, 136 names were added to the local register of blind persons and 104 names were removed. Details are shown in the following table :—

Number of registered blind persons at 31st March, 1949 . .	—	906
Number registered 1st April, 1949 to 31st March, 1950 . .	118	—
Removals into area	18	—
		136
		1,042
Deaths	88	—
De-Certified	7	—
Removals out of area	9	—
		104
Number on register 31st March, 1950		938

EMPLOYMENT.

(A) In Blind Workshops.

The following table shows the sales and the productive wages paid to blind employees in the workshops during the last ten years :—

Year ended 31st March	Productive Wages £	Gross Sales £	Less Purchase Tax £	Total Net Sales £
1941	3,925	14,233	267	13,966
1942	4,371	18,543	836	17,707
1943	5,010	24,468	1,484	22,984
1944	5,966	26,009	1,535	24,474
1945	6,441	28,791	1,531	27,260
1946	5,845	26,920	1,758	25,162
1947	6,441	30,976	2,380	28,596
1948	7,342	39,412	3,443	35,969
1949	8,216	40,651	3,107	37,544
1950	7,926	34,815	2,782	32,033

The number of blind persons under training or employed in the workshops at the 31st March, 1950, is shown in the table below :—

Area.	Department.												
	Administration and miscellaneous		Basket		*Men's* Boot		*Men's* Brush		Mat		*Women's*		*Total*
Sheffield—													
Workers	3	—	12	—	8	—	16	—	9	—	16	—	64
Trainees	—	—	—	—	—	—	—	—	—	1	—	—	1
Rotherham—													
Workers	—	—	4	—	—	—	4	—	3	—	2	—	13
Trainees	—	—	—	—	—	—	—	—	—	1	—	—	1
West Riding of Yorkshire—													
Workers	—	—	2	—	—	—	1	—	—	—	1	—	4
Trainees	—	—	—	1	—	—	—	—	—	—	—	—	1
Derbyshire—													
Workers	2	—	1	—	—	—	—	—	—	—	1	—	4
Trainees	—	—	—	—	—	—	—	—	—	—	—	—	—
Doncaster—													
Workers	—	—	1	—	—	—	—	—	—	—	—	—	1
	5	—	20	1	8	—	21	—	12	2	20	—	89

Totals—Workers 86. Trainees 3. Total 89.

Full employment was maintained during the year of review except in the period January to March, when certain employees in the brush and mat departments, and under the care of the Rotherham Borough Council, were unemployed. Two workers had five weeks' unemployment, and three had four weeks' unemployment. It was necessary, however, for costings to be constantly reviewed and as indicated in the last annual report, sales were not so easy and price was becoming a factor. Downward price revision and the reduction in the number of workers account largely for the decrease in sales which, however, are considered very satisfactory, and except for the boom periods in 1948 and 1949, are the highest ever. The price revision which took place during the year was aimed to assist the maintenance of full employment and a quick turnover of stock. The production of the workers was kept constantly under review and examined at length by the Committee in 1949.

Two items of special interest concerning the general welfare of the workers became effective during the year :—

> As from October, 1949, the Department had a person officially in charge of first-aid and this appointment was duly recognised by the Committee.
>
> In June, 1949, the sale of cigarettes through the canteen was also authorised. At the present time this is restricted to blind persons only owing to the present short supplies.

Two blind workers, each with many years' service, died during the year ; both worked in the brush department. Two new trainees were admitted in May, 1949, but the training of one was discontinued after a trial period of six months.

Several parties of various local associations were conducted round the workshops, but special reference may be made of the visits of the Lord Mayor and Lady Mayoress in October, 1949, and of a party of Austrian school children, guests of the Sheffield Committee for the International Help of Children, also in October. Members of the County Borough of Dewsbury Welfare Services Committee and officials visited the Department in August, 1949 ; the reaons for the visit was primarily to see the handicraft classes in session, and for this reason a woodwork class had a special session to coincide with the visit.

The Committee decided in March, 1950, that no payment would be made to blind persons who are unemployed and also that, as recommended by the Association of Municipal Corporations, the wage packets for blind persons should clearly indicate (*a*) earned wages and (*b*) supplementary payments. The latter amount is not subject to Income Tax and it is therefore very desirable to indicate the two portions of the weekly payments separately.

(B) IN APPROVED HOME WORKERS SCHEMES.

There were three approved home workers and these were employed as under :—

Music Teacher	1
Piano Tuners	2
	3

Two names were removed from the register of home workers during the year, as the workers concerned did not qualify under the conditions of the scheme. As from January, 1950, the amount of augmentation of earnings given to home workers was amended as under :—

(I) *Males.*

The standard payment will be £5 per week subject to a standard output of £2 per week ; half the additional amount earned between £2 and £3 10s. 0d. to be added and all earnings over £3 10s. 0d. to be added to the standard payment. Any deficiency on the standard output to be deducted from the standard payment.

(II) *Females.*

The standard payment will be £3 10s. 0d. per week subject to a standard output of £1 per week ; half the additional amount earned between £1 and £2 to be added and any earnings over £2 to be added to the standard payment. Any deficiency on the standard output to be deducted from the standard payment.

(C) In Open Industry and Elsewhere.

At the 31st March, 1950, 46 blind people were employed outside the local blind workshops. The following table shows the distribution of all employed blind persons from 1936 :—

Year at March 31st	(*a*) Blind Workshops	(*b*) Home Workers	(*c*) Employed elsewhere	Total
1936	92	2	22	116
1937	84	2	17	103
1938	78	4	22	104
1939	79	4	20	103
1940	76	5	17	98
1941	77	6	15	98
1942	79	5	17	101
1943	73	5	34	112
1944	77	5	33	115
1945	75	5	34	114
1946	80	6	35	121
1947	77	6	43	126
1948	80	6	40	126
1949	76	5	39	120
1950	66	3	46	115

OTHER BLIND WELFARE SERVICES.

Visitation and Lessons.

The following table gives details of the visits paid and lessons given by the six home teachers on the staff of the Department during the year :—

Visits paid for special reasons	1,261
Visits of routine character	1,976
Individual lessons given	542
Social services rendered	318
	4,097

In addition to the above, 47 visits were paid to hospitals where 860 blind persons were seen.

In October, 1949, each blind person was supplied with a Report Card (of the business reply card type) and any person specially needing a service could easily indicate on the card the need and the home teacher concerned paid a special visit.

Registration.

Details concerning this are given earlier in the report. Special mention may be made, however, that an appeal was made in 1949 against the decision of a local ophthalmic surgeon, and the case was referred to the Reference Service operated by the North Regional Association for the Blind. The original decision was, however, upheld.

Embossed Literature.

During the year, 7,349 volumes of embossed literature, including both Moon and Braille books, were issued. This number included 7,006 volumes sent out direct by the National Library for the Blind at Manchester, and 343 volumes issued through this Department. A grant of £270 was paid to the National Library for the Blind towards the cost of this service. It may be mentioned that the National Library pays postage both ways on books issued by them.

Handicraft Classes.

These were continued as in previous years. Classes were held every week—on Wednesday morning for men and Wednesday afternoon for women. There were 48 classes, the average attendances for men being 27·5 and for women 22·5.

The special fortnightly classes for the deaf-blind were thoroughly appreciated. Transport arrangements to convey the members to and from the workshops by car or the workshops' van were continued. There were 25 classes, and the average attendance was 18. Regular help was given at these classes by the Sheffield Deaf and Dumb Association through Mr. Colin Stephenson, the Superintendent, and on occasions there was also other voluntary help.

DISTRICT SOCIAL CENTRES.

The first centre was opened in April, 1949, and is the joint responsibility of the two home teachers whose visitation districts adjoin at Glossop Road. Sixteen fortnightly meetings were held during the year and the average attendance was eleven, but the number is gradually increasing. As from October, 1949, the departmental van was used to collect some of the older members of the class and convey them to and from the meetings.

WIRELESS SETS.

The Department has employed a full-time wireless mechanic since February, 1947, to service the sets received from the British Wireless for the Blind Fund. 400 of these sets were in service at the 31st March, 1950. Maintenance was also carried out on the privately-owned sets of other blind people. In the majority of cases no charge is made, but each case is assessed individually according to an approved scale ; those in full-time employment pay full cost. In all, 500 repairs were carried out in the period under review. 36 sets—33 new mains and 3 new battery sets—were supplied during the year, 27 sets having become obsolete or uneconomical to repair, and these were replaced from the pool of reconditioned receivers, thereby preventing undue interruption to the listeners' services.

BATH TICKETS.

The Disabled Persons Welfare Sub-Committee and the Cleansing and Baths Sub-Committee jointly continue to meet the free cost of public baths for blind people.

FREE PASSES FOR TRAMS AND BUSES.

At the 31st March, 1950, 820 free passes were on issue to blind persons, entitling them to travel without charge on tram cars and certain motor bus routes. This service is particularly appreciated by the blind themselves and by the Department, and thanks are due to the inspectors, drivers and conductors of the Transport Department for the unfailing help given to the blind holders.

PROVISION OF ENTERTAINMENTS.

As in previous years, concerts were held monthly in the hall at Sharrow Lane, and thanks and appreciation were tendered to the following who arranged concerts :—

Carltonian Entertainers.
Joysters Concert Party.
Laughter Makers' Concert Party.
Miss Edna May.
Mr. Ernest Mills.
Mirthmakers Concert Party.
Mr. S. G. Robinson.
Sheffield Police Male Voice Choir.
St. Catherine's Choral Society.
Sheffield Transport Department Concert Party.

Complimentary tickets, from societies holding concerts, etc., were also received on many occasions, for distribution to blind people. The Sheffield Wednesday Football Club kindly allotted six free stand tickets for the use of blind people during the season 1949-50 for all first and reserve team matches at Hillsborough. Mr. A. Stewart, Publicity Manager of *The Sheffield Telegraph & Star*, Ltd., kindly arranged a rota of voluntary commentators who attended the games and gave summaries of the matches to the blind men attending.

BRASS BAND.

The Band, under the conductorship of Mr. J. H. Argyle, continued to hold their weekly practices on Tuesdays and Thursday evenings. At the present time the Band is slightly below strength.

DRAMATIC SOCIETY.

The Dramatic Society, under Miss Elizabeth McKenzie, L.G.S.M. (Eloc.) had a good year, and for the first time attempted—in April, 1950—a full length production—" The Rebellion of Youth " by J. McMullen ; all the twelve parts were for females. The production received very favourable comment in the local press.

Recreation Clubs.

The Chess Club had the best season since it entered the competitions of the Works Sports Association ; it won the Davy Knock-Out Cup and the Woodward Trophy as leaders in Division I. An unchanged team represented the club in all these matches. When no matches were fixed, the team acted as tutors to a class of learners.

The Dance Club also had some successful evenings.

SHEFFIELD JOINT BLIND WELFARE COMMITTEE.

The men's club, opened in February, 1948, became firmly established. The Monday meeting was mainly for games with monthly domino drives and sports talks were also introduced as a regular feature. Among those who gave talks were :—Messrs. J. E. Davison, W. W. Glossop, J. Hagan, R. A. Sparling, F. Stainton, F. G. Walters and E. Wood, J.P.

Lectures under the auspices of the Worker's Educational Association were given at the Tuesday meetings. In all, 92 club meetings for men were held during the year, and the average attendance was 47·9.

Evening dances and whist drives were held regularly, and were well supported and very well enjoyed.

Two seaside outings to Skegness took place. 800 non-employed blind people and their guides went on June 13th and 150 employed blind persons and their guides went on June 19th, 1949.